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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
09 AUG 31 PM 3:44

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W99-39591

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMD Promotions, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darlene James

Name of Person

(JMD) → JMD Promotions, LLC

Firm/Company

2200 Kings HWY - 3L Suite 44

Address

Port Charlotte, FL 33980

City/State and Zip Code

info@jmdpromotions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene JAMES

Name of Person

at (941) 766-9511

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMD Promotions, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4056 Tamiami Trail
Port Charlotte, FL
33952

Mailing Address:

2200 Kings Hwy - 3L
Suite 44
Port Charlotte, FL 33980

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Darlene James

Name

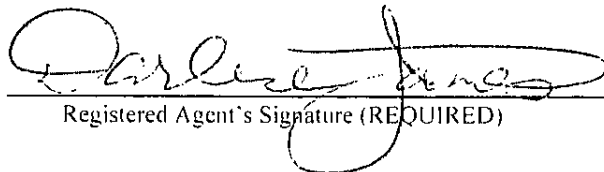
2200 Kings Hwy - 3L Suite 44

Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte FL 33980

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MARK O. ASPE RIALA
3500 TOWNHOMES 102-A
PORT CHARLOTTE FL 33952

MGRM

JOANNE Cetrangelo
4196 EAST LAKE CT.
P.C. FL 33948

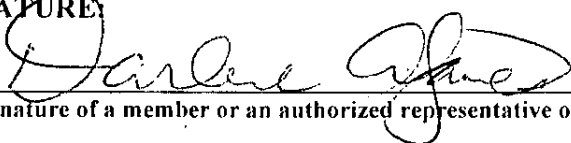
MGRM

Darlene JAMES
530 Raintree Lane
Punta Gorda, FL 33983

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 31, 2009. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Darlene JAMES
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)