

L10000045917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

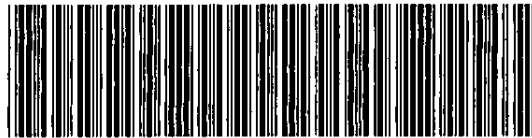
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

APR 29 2010

EXAMINER



900178280899

04/28/10--01044--002 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 28 PM 3:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JPM Seville 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:

James C. Marcuccilli

Name of Person

c/o STAR Financial Bank

Firm/Company

P.O. Box 10600

Address

Fort Wayne, IN 46853-0600

City/State and Zip Code

Jim.Marcuccilli@starfinancial.com

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

For further information concerning this matter, please call:

James C. Marcuccilli

Name of Person

at (260) 428-7070

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

JPM Seville 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:

10701 Gulfshore Drive #1200

Naples, FL 34108-3018

Mailing Address:

c/o Jim Marcuccilli

534 Chestnut Forest Cove

Fort Wayne, IN 46814

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:

DANIEL PITTMAN
Name

9301 Gulfshore Dr.
Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34108
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..

Daniel Pittman
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

Page 1 of 2

10 APR 28 PM 3:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

MGR

James C. Marcuccilli

534 Chestnut Forest Cove

Fort Wayne, IN 46814

MGR

Patrice Marcuccilli

534 Chestnut Forest Cove

Fort Wayne, IN 46814

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/26/2010. (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.)

James C. Marcuccilli

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)