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S. HAWKES

JUL 2 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			·
SUBJE	ECT: JM Opti	ons LLC	•	
	-	Name of Limit	ed Liability Company	•
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	
	Jeff Manera			
			Name of Person	
	JM Options L	LC		
			Firm/Company	
	5890 Golden	Eagle Cir		
			Address	
	Palm Beach (Gardens, FL 33418		
			y/State and Zip Code	
_	jmanera@gm	ail.com	for future annual report notification)	
For fur	ther information	concerning this matter, please		
Jeff M	lanera	•	at (561)627-4008	
	Name	of Person	Area Code & Daytime Telepho	one Number
Enclos	sed is a check for	or the following amount:		
⊿ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Circ	ele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
JM Options LLC	
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	ris: Liability Company, "L.L.C.," or "LLC.") The principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5890 Golden Eagle Cir	5890 Golden Eagle Cir
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418
The name and the Florida street address of t Jeff Manera	he registered agent are:
	ame
5890 Golden Eagle Ci	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
Palm Beach Gardens City	FL 33418 y, State, and Zip
liability company at the place designated registered agent and agree to act in this capastatutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	i de la companya della companya dell
"MGRM" = Managing Member	
MGRM	المناسبة
IVIGRIVI	Jeff Manera
	5890 Golden Eagle Cir
	Palm Beach Gardens, FL 33418
	Ç
	. · ·
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: June 25, 2010 . (OPTIONA
ffective date is listed, the date must be	e specific and cannot be more than five business days
days after the date of filing.)	repeate and carnet be more than it to business day.
cuys missi sine unite of mings,	
REQUIRED SIGNATURE:	Λ
	//
Signature to many board	Toward authorized warmentative of a market
Signature of a member	r or an authorized representative of a member.
(In accordance with sec	r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)

Jeff Manera

Typed or printed name of signee