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AUG 24 2010

EXAMINER

SECHETARY OF STATE



COVER LETTER

TO: Registration Division of C			
	or porations		
SUBJECT: J&MC	Customer Specialists LL	·····	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Melanie Mos	quera		
		Name of Person	
J & M Custor	mer Specialists LLC		
		Firm/Company	
1150 Hillsbor	o Mile Apt 211		
		Address	
Hillsboro Bea	ch, FL 33062		
		ty/State and Zip Code	
mel777222@	gmail.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Jason Miller		at (571)247 4648	
Name	of Person	Area Code & Daytime Tele	-
Enclosed is a check for	or the following amount:		2010 AUG SECRETI ALLAHA
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filingo Fee, Certificate of Status & Certified Copy (additional copy 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
J and M Customer Specialists LLC	
(Must end with the words "Limited Li	ability 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:	Mailing Address:
1150 Hillsboro Mile Apt 211	1150 Hillsboro Mile Apt 211
Hilfsboro Beach FL 33062	Hillsboro Beach FL 33062
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
Melanie Mosquera	
Na	me P P 1
1150 Hillsboro Mile Ap	t 211 Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω
Florida street	address (P.O. Box NOT acceptable)
Hillsboro Beach	FL 33062
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)
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:

	Hillsboro Beach FL 33062
ason Miller MGRM	1150 Hillsboro Mile Apt 211
	Hillsboro Beach FL 33062
	the second secon
	AS
	SS 23
Jse attachment if necessary)	
E V: Effective date, if other than the d	<u></u>
	specific and cannot be more than five business
ays after the date of filing.)	™

Melanie Mosquera

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)