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C. LEWIS

DEC 8 2010

EXAMINER

COVER LETTER

TO: Registration Section

	Division of Corporations								
SUBJECT: JMS Worldwide, 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:								
	Jane Stevens								
	Name of Person								
	Firm/Company								
	13090 Sandy Key Bend, Unit 2								
	Address								
	Ft. Myers FL 33903								
	City/State and Zip Code								
	jmsworldwidellc@yahoo.com E-mail address: (to be used for future annual report notification)								
	For further information concerning this matter, please call:								
	Jane Stevens at () (239) 543-7335 Name of Person Area Code & Daytime Telephone Number								
	Enclosed is a check for the following amount:								
	\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 2 \times 2 \time								
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building								

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the		ility Company is:			
JMS Worldwid	. •				
((Must end with the	e words "Limited Liabil	ity Company, "L.L.C.," or "	LLC.")	
ARTICLE II - A		t address of the pr	rincipal office of the I	Limited L	iability Company
Principal Office Address:			Mailing Address:		
13090 Sandy Key	Bend, Unit 2		13090 Sandy Key B	end, Unit 2	2
Ft. Myers	FL	33903	Ft. Myers	FL	33903
	y Company cannot	t serve as its own Regis	l Office, & Registere tered Agent. You must design		vidual or another
The name and th	e Florida stre	et address of the	registered agent are:		2810 DEC -7 AM 9: 59 ALLAMASSEE, FLORIDA
	Jane Steve	ens			5 B
		Name			- -1
	13090 Sar	ndy Key Bend, Unit	2		
	" "	Florida street add	dress (P.O. Box <u>NOT</u> acc	eptable)	9. 9. '
	Ft. Myers		FL 33903		55 45
	-	City, State,		.	
** . ,	,			C 4	1

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)

ARTICLE IV- Manager(s) or Ma The name and address of each Man <u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Addres	<u>s:</u>	METANASSA,
'MGRM" = Managing Member			1. E.
1GRM	Jane Stevens		
NOTAL TOTAL	13090 Sandy Key Ben	d. Unit 2	
	Ft. Myers	FL	33903
			
	<u></u>		
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(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must	he date of filing: be specific and cannot be	more than	(OPTION
LE V: Effective date, if other than t	he date of filing: be specific and cannot be	more than	(OPTION five business da
LE V: Effective date, if other than t fective date is listed, the date must	he date of filing: be specific and cannot be	more than	(OPTION five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: be specific and cannot be Leums ber or an authorized represen	more than	five business da
LE V: Effective date, if other than to ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	be specific and cannot be	more than	five business d

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