## 1100001305a4

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
DICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
W10000057761

Office Use Only



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12/23/10--01001--011 \*\*130.00



D. BRUCE
DEC 22 2010
EXAMINER





## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2010

DONALD R. MILKS 675B LACONIA CIRCLE LAKE WORTH, FL 33467

SUBJECT: JM TRUST, LLC Ref. Number: W10000057761

We have received your document for JM TRUST, LLC and your check(s) totaling \$255.00. However, the document has not been filed and is being retained in this office for the following:

We are returning your check for \$255.00 to be replaced by one in the correct amount of \$130.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 610A00028915

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations					
<sub>SUBJECT:</sub> JM Tr	rust, LLC.					
SUBJECT:		ed Liability Compa	any			
The enclosed Articles of	of Organization and fee(s) are	submitted for filin	g.			
Please return all corresp	oondence concerning this matt	er to the following	j:			
Donald F	R. Milks					
		Name of Person				
	<u> </u>	Firm/Company		•	•	•
675B Lac	conia Circle					
		Address			10	
Lake Wort	h, FL 33467			And the second s	) P	* Agite
Lake Word	<del></del>	y/State and Zip Code	e	92.22.	- N	· Protock
DMilks@fm						
	E-mail address: (to be used f	or future annual rep	ort notification)	- C-		- I
For further information	concerning this matter, please	call:		<u> </u>	÷ 5	(Parameter)
Daniel John		561	、863-3677	)	CD	
	of Person	at ( 561 Area Code	) 003-3077 e & Daytime Tele	phone Number		
			•	•		
Enclosed is a check for	or the following amount:					
<b>√</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	\$160.00 Filin Certificate of Certified Cop (additional copy	Status by	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center ( see, FL 32301	s		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: JM Trust, 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: Mailing Address:** 675B Laconia Circle 675B Laconia Circle Lake Worth, FL 33467 Lake Worth, FL 33467 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: Donald R. Milks

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..

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

Registered Agent's Signature (REQUIRED

Name

675B Laconia Circle

Lake Worth

(CONTINUED)

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	
"MGRM" = Managing Member	
MGR	Donald R. Milks
	675B Laconia Circle
	Lake Worth, FL 33467
MGR	Daniel John
	3925 Cypress Lake Drive
	Lake Worth, FL 33467
MGRM	Barbara Milks
	675B Laconia Circle
	Lake Worth, FL 33467
MGRM	Patricia John
	3925 Cypress Lake Drive
(Use attachment if necessary)	Lake Worth, FL 33467
CLE V: Effective date, if other that	Lake Worth, FL 33467  an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
CLE V: Effective date, if other that ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
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CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a median days after days after the date of filing.)	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
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CLE V: Effective date, if other that effective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a median disconstitutes an affirmation I am aware that any false constitutes a third degree	an the date of filing:

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)