

L110000092767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

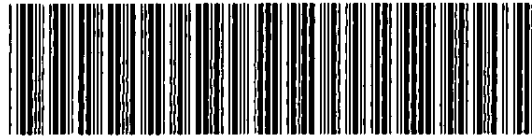
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

AUG 12 2011

EXAMINER.



700210878317

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 PM 1:09

RECEIVED
11 AUG 12 AM 10:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 877732 4362065

AUTHORIZATION :

COST LIMIT : \$1254.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 PM 1:09

ORDER DATE : August 11, 2011

ORDER TIME : 4:46 PM

ORDER NO. : 877732-005

CUSTOMER NO: 4362065

RECEIVED
11 AUG 12 AM 10:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: JMH FAMILY HOMES LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

Aug 10 11 04:58p

HARRY HOCHMAN

561 279 2610

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 PM 1:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMH Family Homes 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:

Simon Marciano

Name of Person

Neuberger, Quinn, Gielen, Rubin & Gibber, P.A.

Firm/Company

One South Street, 27th Floor

Address

Baltimore, Maryland

City/State and Zip Code

sm@nqgrg.com

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

For further information concerning this matter, please call:

Simon Marciano

Name of Person

at (410) 332-8514

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & 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 Circle
Tallahassee, FL 32301

Aug 10 11 04:59p

HARRY HOCHMAN

561 279 2610

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 PM 1:09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMH Family Homes LLC

(Must end with the words "Limited Liability Company, "LLC.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4042 South Ocean Boulevard

Highland Beach, Florida 33487

Attn: Harry Hochman

Mailing Address:

4042 South Ocean Boulevard

Highland Beach, Florida 33487

Attn: Harry Hochman

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:

Harry Hochman

Name

4042 South Ocean Boulevard

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

Highland Beach, Florida FL 33487

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..

By: Harry Hochman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

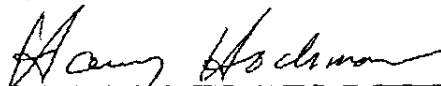
Name and Address:

MGR

Harry Hochman, 4042 South Ocean Boulevard
Highland Beach, Florida 33487

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Harry Hochman

Typed or printed name of signer

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)