

L11000113876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

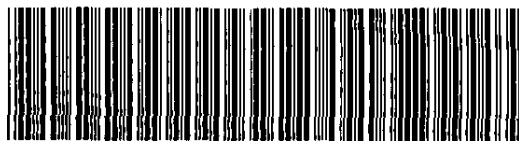
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600212270326

Effective Date 01/01/12

09/20/11--01007--017 \*\*160.00

FILED  
OCT -4 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-48874

J. BRYAN

OCT -5 2011

EXAMINER

Michael Scott

AUTHORIZATION BY PHONE TO

CORRECT Suffix to be LLC Not LTD

DATE 10/05/11 @ 11:24am

DOC. EXAM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jap Jams Productions and Management Services 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:

Michael C. Scott

Name of Person

Jap Jams Productions and Management Services LLC.

Firm/Company

8246 Velvet Springs Lane

Address

Jacksonville, FL 32244

City/State and Zip Code

Jap Jams @ Yahoo.com

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

For further information concerning this matter, please call:

Michael Scott

Name of Person

at (904) 210-9706

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

FILED  
OCT -4 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2011

MICHAEL SCOTT  
JAP JAMS PRODUCTIONS AND MANAGEMENT SERV  
8246 VELVET SPRINGS LANE  
JACKSONVILLE, FL 32244

SUBJECT: JP JAMS PRODUCTIONS AND MANAGEMENT SERVICES ~~LLC~~ LTD  
Ref. Number: W11000048874

FILED  
OCT-4 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*\* Please note the change on application to Jap Jams Productions and Management Services LTD*

We have received your document for JP JAMS PRODUCTIONS AND MANAGEMENT SERVICES ~~LLC~~ and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):  
~~LTD~~

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 20, 2011. Please amend your document accordingly.

You can send this back to us after October 1st to file with effective date of January 1, 2012.,

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 211A00021876

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jap Jams Productions and Management Services 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:**

8246 Velvet Springs Lane  
Jacksonville, FL  
32244

**Mailing Address:**

8246 Velvet Springs Lane  
Jacksonville, FL  
32244

**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:

Effective Date 01/01/12

Michael C. Scott  
Name

8246 Velvet Springs Ln.  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville FL 32244  
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..*

Michael Scott  
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

MGR

**Name and Address:**

Michael C. Scott  
8246 Velvet Springs Lane  
Jacksonville, FL 32244

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2012. (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:**

Michael Scott

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.)

Michael Scott

Typed or printed name of signee

**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)