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(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:		
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OCT _ 2 2012

EXAMINER



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09/13/12--01012--027 **125.00

EFFECTIVE DATE 9102012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2012

JOHANNA DOS SANTOS JC&M, LLC 251 STIRLING SPRINGS LANE ALTAMONTE SPRINGS, FL 32714

SUBJECT: JC&M, LLC.

Ref. Number: W12000047576

EFFECTIVE DATE 9 10/2012

We have received your document for JC&M, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is JCM CORPORATION -- Doc. Number P94000076824.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 012A00023212

COVER LETTER EFFECTIVE DATE TO: **Registration Section Division of Corporations SUBJECT:** 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: E-mail address: (to be used for future annual keport notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee | _\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JC & M Son	ets, LLC. Fig. B.
(Must end with the words "Limited Liabili ARTICLE II - Address:	A CONTRACTOR OF THE PARTY OF TH
The mailing address and street address of the principal Office Address:	incipal office of the Limited Liability Company is: Mailing Address:
251 Stelling Brings Cn Attamonte Splings, 7032714	251 Steling beings Ln Altamon te Spenga, 200374
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist	

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

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)

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 Johanna Cos Jantos. yma Rm	251 Styling Springs In Altramon to Springs, FD 32714
<u>Claudio</u> Betts morm	25 Steplan Spines Lane Altamonte Spines De 32724
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: Pot 10th 2012. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

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)