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(Business Entity Name)

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TALMADGE COUNTY, OHIO
CLERK OF COURT

W12-49692

J. BRYAN

OCT -6 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM Medical Equipment and Supplies, 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:

Jorge Minoves

Name of Person

JM Medical Equipment and Supplies, LLC

Firm/Company

7330 NW 114 Ave. #306

Address

Doral, FL 33178

City/State and Zip Code

Jorgeminoves@hotmail.com

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

For further information concerning this matter, please call:

Jorge Minoves

Name of Person

at (786) 328-1381

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

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2009 OCT -4 PM 3:41
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2012

JORGE MINOVES
JM MEDICAL EQUIPMENT AND SUPPLIES, LLC
7330 NW 114 AVE. #306
DORAL, FL 33178

SUBJECT: JM MEDICAL EQUIPMENT AND SUPPLIES, LLC
Ref. Number: W12000049692

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2012 OCT -4 PM 3:41
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

We have received your document for JM MEDICAL EQUIPMENT AND SUPPLIES, 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):

Most financial institutions require the name(s) and address(es) of the manager(s) - MGR's or Managing Member(s) - MGRM's to be reflected on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of each manager or managing member.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Joey Bryan
Regulatory Specialist II

Letter Number: 812A00024137

Mailed 9/24/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM Medical Equipment and Supplies, 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:

7330 NW 114 Avenue
306
Doral, FL. 33178

Mailing Address:

7330 NW 114 Avenue
306
Doral, FL. 33178

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:

Jorge Minoves
Name
7330 NW 114 Avenue #306
Florida street address (P.O. Box NOT acceptable)
Doral FL 33178
City, State, and Zip

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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:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Jorge Minoves

7330 NW 114 Ave. #306

Doral, Florida 33178

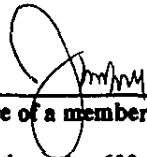
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(Use attachment if necessary)

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.)

Jorge Minoves

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)