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MICRETARY OF STATE
ALL AHASSEF FLORIDA

N. Cumpan JAN 3 2000

COVER LETTER

TO: Registration S Division of Co			
	M, LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this matt	ter to the following:	
Jennife	r Lahaie		
		Name of Person	
		Firm/Company	
7244 L	ake Dr	·	
		Address	
Fort My	ers, FL 3390		
		y/State and Zip Code	
Jenn.Lah	aie@Gmail.com	for future annual report notification)	
Conforthan information		•	
	concerning this matter, please	e can:	
Jennifer La	ahaie	$_{\rm at}$ 239 $_{\rm 229-7}$	611
Name	of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check f	or 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	Street/Courier Address	ì

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	mpany is:	
JEHM, LLC (Must end with the words "L	imited Liability Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	•
7244 LAKE DR	7244 LAKE DR	
FORT MYERS, FL 33908	FORT MYERS, FL 33908	
The name and the Florida street addre JENNIFER R LAHAIE	ss of the registered agent are:	2012 DE SECRE
7244 LAKE DR.		TAN CO
	da street address (P.O. Box NOT acceptable)	i fijo − m
FORT MYERS	FL.	
	City, State, and Zip	PATE ORIĐI
liability company at the place design registered agent and agree to act in all statutes relating to the proper an	ent and to accept service of process for the abgnated in this certificate, I hereby accept the athis capacity. I further agree to comply with ad complete performance of my duties, and I dition as registered agent as provided for in C	appointment as the provisions of am familiar with

4.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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:			
	MGRM	ERIC R LAHAIE 7244 LAKE DR. FORT MYERS, FL 33908			
	MGRM	JENNIFER R LAHAIE 7244 LAKE DR. FORT MYERS, FL 33908			
(If an		te of filing: 12/2013. (OPTIO	,	iays	
prior t	o or 90 days after the date of filing.) REQUIRED SIGNATURE:	TALLAHASSEE	ic	DEC 31	FILE
	(In accordance with section 608.40) constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true on submitted in a document to the Department of State provided for in s.817.155, F.S.)	FSIAIE	₽¥ 12: 12	
	JENNIFER R LAHAIE	or printed name of signee			

2.3

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)