## L13000027730

(R	equestor's Name)	
(A	ddress)	
(A	address)	
(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Oocument Number)	·-
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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(850) 245-6051.

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	JMG	and JMG LL	C	
SUBJE			ed Liability Company	<u> </u>
The en	closed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	John M	. Gagliardo Si	r.	
	<del></del>	· · · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
	7940 S.	Tropical Trai		
			Address	
	Merritt I	sland, FL 329		
	Gatorbait?	Cit 2001@gmail.com	y/State and Zip Code	
	Galorbailz		for future annual report notification)	
For fur	ther information	concerning this matter, please	call:	
Joł	nn M. Ga	agliardo Sr.	321 537-44	31
		of Person	at () Area Code & Daytime Teleph	
Enclos	sed is a check fo	or the following amount:		
<b>=</b> \$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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JMG and JMG LLC  (Must end with the words "Limited Liability")	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7940 S. Tropical Trail	7940 S. Tropical Trail
Merritt Island, FL 32952	Merritt Island, FL 32952
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  John M. Gagliardo Sr.	red Agent. You must designate an individual or another
Name	
7940 S. Tropical Trail	A September 1999
	ress (P.O. Box <u>NOT</u> acceptable)
Merritt Island, FL 32952 City, Stat	<u>FL</u> te, and Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as regional Registered Agent's Signature	cocept service of process for the above stated limited as certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with a pristered agent as provided for in Chapter 608, F.S
(CONTINU	JED)

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:

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	nber
MGRM	John M. Gagliardo Sr.
	7940 S. Tropical Trail
	Merritt Island, FL 32952
MGRM	John M. Gagliardo Jr.
<del></del>	8740 S. Tropical Trail
	Merritt Island, FL 32952
100 1 10 1 10 10 10 10 10 10 10 10 10 10	
<del> </del>	
(Use attachment if necessary	<b>(</b> )
•	
LE V: Effective date, if other	er than the date of filing: (OPTION
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LE V: Effective date, if other of the date of the days after the date of	er than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.)
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LE V: Effective date, if other of the date of the days after the date of	er than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.)
LE V: Effective date, if other fective date is listed, the door 90 days after the date of REQUIRED SIGNATURE	er than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.)
LE V: Effective date, if other ffective date is listed, the do or 90 days after the date of REOUIRED SIGNATURE Signature of (In accordance with signature of the date of the d	er than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.)  E:  M
LE V: Effective date, if other fective date is listed, the door 90 days after the date of	er than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.)  E:  M
LE V: Effective date, if other fective date is listed, the door 90 days after the date of the REQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any	er than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.)  E:  M

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)