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K.SALY EXAMINER MAR 26 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2013

JAY MARKLEY 1149 WALDEN RD. TALLAHASSEE, FL 32317

SUBJECT: JM MERCHANT SERVICES LLC

Ref. Number: W13000015993

We have received your document for JM MERCHANT SERVICES 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The document number of the name conflict is P11000104660 "JM MERCHANT SERVICES CORP".

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 513A00006360

COVER LETTER

TO:

Registration Section

Division of Corpo	orations			
SUBJECT: JM	MERCHANT	SERVI ed Liability Cor		,
	Name of Limit	ed Liability Cor	npany	
The enclosed Articles of Or	rganization and fce(s) are	submitted for fi	ling.	
Please return all correspond	lence concerning this mat	ter to the follow	ing:	
	JAY	MARK	LEY	
	JM MERCH	IANT SE	RVICES	
		Firm/Company		
	1149 V	VALDEN	I RD	
		Address	•	
	TALLA	HASSEE F	L 32317	
	Cit	y/State and Zip C	ode	
	JAYMARKLE			DMMC
	E-mail address: (to be used	for future annual r	report notification)	
For further information con	cerning this matter, please	e call:		
JAY MARKLEY		a. (850	<u>402-161</u>)
Name of P	erson	Area C	ode & Daytime Tele	phone Number
Enclosed is a check for the	ne following amount:			
	130.00 Filing Fee & Certificate of Status	Certified (iling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
; I I	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Regist Divisi Clifto 2661 1	Courier Address ration Section on of Corporations Building Executive Center Classee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	Y:
Must end wittinthe words "Limited Liab	9L SERVICES LCC ifity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1149 WALDEN RD TALLAHASSEE FL 32317	1149 WALDEN RD TALLAHASSEE FL 32317
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
JAY MARKLEY	registered agent are:
Name	• • • • • • • • • • • • • • • • • • •
1149 WALDEN	IRD 6
Florida street ac	idress (P.O. Box NOT acceptable)
TALLAHASSEE	ਜ਼ 32317
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Ann-	Dan Keen-Manager
Registered Agent's Signa	grate (KEKnikeis)

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	JAY MARKLEY
	1149 WALDEN RD
	TALLAHASSEE FL 32317
10C Dw	
MGRM	QUINTILLA MARICLEY
	1149 WALDEN ROAD
	TALLAHASSEE, FL 32317
·	

	——————————————————————————————————————
•	, , , , , , , , , , , , , , , , , , ,
	han the date of filing: (OPTIONAL)
n effective date is listed, the date in 90 days after the date of filing.) REQUIRED SIGNATURE:	
90 days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days pri
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sec constitutes an affirmation of a secondary of	member of an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sec constitutes an affirmation of a constitutes and affirmation of a constitutes are a third degree.)	member of an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: