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Division of Corporations

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## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PYNE LAW GROUP  
Account Number : I20110000059  
Phone : (850) 215-9090  
Fax Number : (850) 215-9045

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: laurapyne@pynelawgroup.com

### FLORIDA LIMITED LIABILITY CO. JAMIN Holdings LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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B. BOSTICK

APR 24 2013

EXAMINER

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(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMIN Holdings 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:

Laura C. Pyne, CPA, JD, LLM

Name of Person

Pyne Law Group

Firm/Company

2309 Frankford Ave, Ste A

Address

Panama City, FL 32405

City/State and Zip Code

laurapyne@pynelawgroup.com

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

For further information concerning this matter, please call:

Laura C. Pyne

Name of Person

at ( 850 ) 215-9090

Area Code &amp; 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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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

JAMIN Holdings 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:**4033 Kristanna Dr  
Panama City, FL 32405**Mailing Address:**4033 Kristanna Dr  
Panama City, FL 32405**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:

Marilyn Percy

Name

4033 Kristanna DrFlorida street address (P.O. Box **NOT** acceptable)Panama City FL 32405

City, State, and Zip

*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..*

Marilyn Percy, Manager  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H13000091461 3

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Marilyn Percy

4033 Kristanna Dr

Panama City, FL 32405

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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.)

Marilyn Percy

Typed or printed name of signer

**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)

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