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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2014 JAN -2 PH 2: 56

SECRETARY OF STATE
TAIL AND SSEE, FLORIDA

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- Cus

JAN - 8 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JDM ENTER PRISES 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:
JAMES H. LISK Name of Person
JIMMYS LUBE AND TIRE DBA Firm/Company
5505 HIGHWAY 27 SOUTH Address
SEBRING FLORIDA 33870 City/State and Zip Code
JIM @ JIMANS LUBE AND TIRE. COMESTBIZ. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAMES H. LIS'K at (863) 3/4- 8473  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{S155.00 Filing Fee & Certificate of Status}\$  Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

14 JAN -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 11, 2013

JAMES H LISK JIMMYS LUBE AND TIRE 5505 US HWY 27 S SEBRING, FL 33870

SUBJECT: JPL PROPERTY INVESTMENTS, LLC

Ref. Number: M09000004546

We have received your document for JPL PROPERTY INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 613A00028144

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
JDM ENTER PRISES 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: Mailing Address:
5505 HIGHWAY 27 SOUTH SERRING, FLORIDA 33870  5505 HIGHWAY 27 SOUTH SERRING, FLORIDA 33870
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:
JAMES H. LISK
Florida street address (P.O. Box NOT acceptable)
SEBRING FL 33870 City Zip
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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 605, F.S  Registered Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED)  Page 1 of 2  (CONTINUED)  Page 1 of 2

The name and address of each person authoriz	zed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
JAMES H. LIST AMBO	5505 HIGHWAY 27 SOUTH SEBAING FLORIDA 33270
DEBORAH MASSA DAVEHTER MY	19 HUCKLE BETRRY LANE NEW EGYPT, NEW JERSEY 08533
Michele CALLAHAN DAUGHTER MGY	26 BRISCO TERRICE HAZLET NEW JERSEY 07735
(Use attachment if necessary)	
e of filing.)	c and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be specific	c and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be specific e of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	r or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information of the control of the constitutes are approximately as the constitutes are approximately an aware that any false information under I am aware that a	r or an authorized representative of a member.  2203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. lation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false informaconstitutes a third degree felony	r or an authorized representative of a member.  2203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. aution submitted in a document to the Department of State
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REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony  The Stype  125.00 Filing Fee for Articles of Organiz	r or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. aation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  H. LISK ped or printed name of signee  Filing Fees: reation and Designation of Registered Agent
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony  The Stype  125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional)	r or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. aation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  H. LISK ped or printed name of signee  Filing Fees: reation and Designation of Registered Agent
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony  The Stype  125.00 Filing Fee for Articles of Organiz	r or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. aation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  H. LISK ped or printed name of signee  Filing Fees:

ARTICLE IV-