

#L/4000021378

06/2014/04:11 PM  
2/6/2014

Fax No. 001  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((3 H14000030312))),fr



H140000303123ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

2014 FEB -6 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
JMMC INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
14 FEB -6 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 7 2014

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**JMMC INVESTMENTS, LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**FILED**  
2014 FEB -6 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
5701 SW 109 AVE  
MIAMI, FL 33173

Mailing Address:  
5701 SW 109 AVE  
MIAMI, FL 33173

**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:

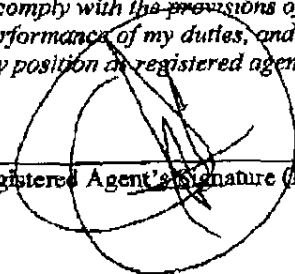
MARCELO ORTIZ  
Name

5701 SW 109 AVE  
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33173  
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 605 F.S.*

Registered Agent's Signature (REQUIRED)



**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

MARCELO ORTIZ  
5701 SW 109 AVE  
MIAMI, FL 33173

MGRM


JORGE ALBERTO ORTIZ  
5701 SW 109 AVE  
MIAMI, FL 33173

MGRM

MERCEDES BEATRIZ GIMENO  
5701 SW 109 AVE  
MIAMI, FL 33173

**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 605.0202(9) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARCELO ORTIZ

Typed or printed name of signer