

L14 0000 88653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700260566417

05/27/14--01017--003 \*\*160.00

FILED  
2014 MAY 27 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN - 3 2014

T CLINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JJAM CONSULTANTS LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAN JAMISON

Name of Person

JJAM CONSULTANTS, LLC

Firm/Company

80 BROADWAY SUITE 102

Address

MATTOON, IL 61938

City/State and Zip Code

sgraven@kcpag.com

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

For further information concerning this matter, please call:

Sandra Graven

Name of Person

at ( 217 ) 234-8801

Area Code

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY 27 AM 10:47

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JJAM CONSULTANTS, 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:**

1303 HIGHWAY A1A S602  
SATELLITE BEACH, FLORIDA 32937

**Mailing Address:**

1303 HIGHWAY A1A S602  
SATELLITE BEACH, FLORIDA 32937

**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:

JAMISON INC.

Name

1303 HIGHWAY A1A S602

Florida street address (P.O. Box **NOT** acceptable)

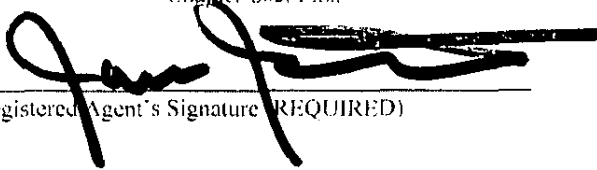
SATELLITE BEACH

City

FL 32937

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)

(CONTINUED)

FILED  
2011 MAY 27 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JAMISON, INC.

1303 HIGHWAY A1A S602

SATELLITE BEACH, FLORIDA 32937

MGR

JAN P JAMISON

1303 HIGHWAY A1A S602

SATELLITE BEACH, FLORIDA 32937

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 22, 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

JAN P JAMISON, JAMISON INC.

Typed or printed name of signee

**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)**

2014 MAY 27 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA