# 114000017492

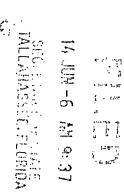
(Requestor's Name)
(,,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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#### **COVER LETTER**

TO:	Registration S Division of C						
SUBJ	JECT: The JM	IJ Agency LLC					
			of Re	sulting Florida	Limite	ed Company)	
				-	-	nd fees are submitted to convert an "accordance with s. 605.1045, F.S.	Other
Please	e return all corr	espondence concernin	g thi	s matter to:			
Jose	ph M Jordan						
		(Contact Person)					
The	JMJ Agency L	LC					
		(Firm/Company)					
49 S	t. Andrews Co	urt					
	<del></del>	(Address)	<del></del>				
Palm	Coast FL 32	137				•	
	((	City, State and Zip Code)		<del></del>			
jmjag	gency@yahoo	.com					
E-r	nail Address: (to b	e used for future annual re	port r	notifications)			
For fi	ırther informati	on concerning this ma	tter,	please call:			
Jose	ph M Jordan		at	(704	905	-3462	
	(Name of Conta	ct Person)	_"		(Day	ytime Telephone Number)	
Enclo	sed is a check f	or the following amou	nt:				
(\$25 fc & \$12:	i0.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRI	EET ADDRES	S:		MAILI	NG A	ADDRESS:	
_	tration Section			Registration Section			
	ion of Corporat n Building	ions		Division of Corporations P. O. Box 6327			
	n Bunuing Executive Cent	er Circle				FL 32314	

Tallahassee, FL 32314

Tallahassee, FL 32301



May 29, 2014

JOSEPH JORDAN 49 ST ANDREWS CT PALM COAST, FL 32137

SUBJECT: THE JMJ AGENCY LLC Ref. Number: W14000033456

We have received your document for THE JMJ AGENCY LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 014A00011581

Division of Communities - D.O. DOV COOR Mallatanas - Electron - DO DOV COOR - Hart - DOV COOR - DOV

### **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	<u></u>	
	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	is a Limited Liability Corporation	
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorp	porated under the laws of North Carolina	
06/11/2010	(Enter state, or if a non-U.S. entity, the name of the countr	<b>y</b> )
(date of organization, formation or	r incorporation)	
3. The name of the Florida Limit The JMJ Agency LLC	ited Liability Company as set forth in the attached Articles of Organization	ation:
(Enter Na	ame of Florida Limited Liability Company)	
date this document is filed by t	filing, enter the effective date:  be prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.)	
(The effective date: 1) cannot date this document is filed by to date listed in the attached Arti	be prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the eff	

Signed this 19 day of May	20_/ 4
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:  Printed Name: Joseph M Jordan	Title: President / member/office,
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Joseph m Jordan	Title: President/mentar/officer
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.  ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	1
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The JMJ Agency L.L.C.		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
The JMJ Agency L.L.C.	The JMJ Agency L.L.C.	· •
49 St. Andrews Court	49 St. Andrews Court	
Palm Coast, FL 32137	Palm Coast, FL 32137	
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the respective to the respective		ndividual or another
<u>Joseph M Jordan</u> Name		
Tuine		
49 St. Andrews Court		
Florida street address (P.O.	Box NOT acceptable)	
Palm Coast	FL 32137	
City	Zip	
Having been named as registered agent and to liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	this certificate, I hereby accordingly. I further agree to comply erformance of my duties, and	ept the appointment as with the provisions of ald I am familiar with and
Registered Agent's Signs	nture (REQUIRED)	TALLAIJUN 17 JUN
(CONTINU	•	6
Page 1 of 2	2	ြင့် <i>ကျော့ နွေတာ</i> ်

. Company:	· ·
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Joseph M Jordan
2 11 1 1 L	
	49 St. Andrews Court Palm Coast, FL 32137
(Use attachment if necessary)	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	· ) (
Si Joseph 47	Jorden
	r or an authorized representative of a member.  (b), Florida Statutes, the execution of this document
	alties of perjury that the facts stated herein are true
I am aware that any false information sul	bmitted in a document to the Department of State
constitutes a third degree felony as provi	ided for in s.817.155, F.S.)
	Company of the second of the s
<u>Joseph M Jordan</u>	
Тур	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of	
\$125.00 Filing Fee for Articles of Registered Agent	f Organization and Designation $\bigcirc$
\$125.00 Filing Fee for Articles of	f Organization and Designation $\bigcirc$
\$125.00 Filing Fee for Articles of of Registered Agent	f Organization and Designation $\widehat{\mathbb{R}}^{\frac{1}{2}}$

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

ARTICLE IV-