L14000098283

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100260539411

06/18/14--01016--017 **160.00



June 13, 2014

To Florida Department of State

Division of Organizations

As per instructions, the following cover letter will accompany the Articles of Organization:

JEROME SACKSON

6615 NW 29TH PLACE

MARGATE, FLORIDA 33063

914-661-1936

Sincerely, Jumph

Jerome Sackson

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT: JMS Ene	ergy and Associates Limit Name of Lim	ed Liability Company iited Liability Company	
The en	closed Articles o	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corresp	oondence concerning this ma	atter to the following:	
	Jerome S	ackson	Name of Person	
			Name of 1 cison	
	JMS Ener	gy and Associates LLC	T:/C	
			Firm/Company	
	6615 NW	29th Place		
			Address	
	Maranta	Tlavida 22052		
	iviai date.	Florida 33063 C	ity/State and Zip Code	
je	renrman@aol.	com E-mail address: (to be use	d for future annual report notifica	tion)
For fu	ther information	concerning this matter, plea	ase call:	
Jeron	ne Sackson Nam	at (914) 661-1936 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for	the following amount:		
□ \$ 125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address stration Section	Street/Courier Add Registration Section	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JMS Energy and Associates 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6615 NW 29th Place Margate, Florida 33063	6615 NW 29th Place
	Margate, Florida 33063
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or i.)
•	agent are:
Jerome Sackson Name	
6615 NW 29th Place Florida street address (P.O. Box	NOT acceptable)
Margate, Florida	FL 33063
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl. Chapt	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, P.S.
Registered Agent's Signat	ure (REQUIRED)
(CONTINUI	
Page 1 of 2	16 ANTO 52

Fitle: 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address;
	Jerome Sackson
	6615 NW 29th Place
	Margate, Florida 33063

Use attachment if necessary)	
ctive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be filling.)	
ctive date is listed, the date must be f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
Cive date is listed, the date must be filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a signature of a signature of a signature an affirmation up I am aware that any false interests.	
E VI: Other provisions, if any. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a signature	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Son
E VI: Other provisions, if any. E VI: Other provisions, if any. Signature of a	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Son Typed or printed name of signee
Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false int constitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Son Typed or printed name of signee
E VI: Other provisions, if any. E VI: Other provisions, if any. Signature of a	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Son Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent ional)
Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false int constitutes a third degree fell. \$125.00 Filing Fee for Articles of (\$\frac{3}{2}\$ \$30.00 Certified Copy (Optional)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Son Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent