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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

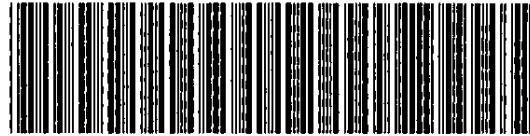
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** J & M Unite, 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:

**Michelle Berglund**

Name of Person	Murphy & Berglund, PLLC 1101 Douglas Ave, Suite B Altamonte Spgs, FL 32714
Firm/Company	
Address	

City/State and Zip Code

michelle@murphyberglund.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michelle Berglund** at ( 321 ) 948-8824  
Name of Person                      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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & M Unite, 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:

2054 Michael Tiago Cir.  
Maitland, FL 32751

Same

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:

Michelle Berglund

Name

1111 Douglas Ave

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

Altamonte Spg. FL

City

32714

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.*

Michelle Berglund  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
MGR  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Purple Owl Revocable Trust  
dated July 7, 2014  
2054 Michael Tiago Cir  
Martland, FL 32751  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 14, 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.  
Provide Members asset protection from liabilities arising out of or related to Company property; to protect Company property from liabilities arising out of or related to member's activities unrelated to Company; & estate planning purposes.

**REQUIRED SIGNATURE:**

Michelle Berglund as POA for Trustee of

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.)

Michelle Berglund  
\_\_\_\_\_  
Typed or printed name of signee

Purple Owl  
Revocable  
Trust dated  
July 7, 2014

**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)