

L14 0 00118765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

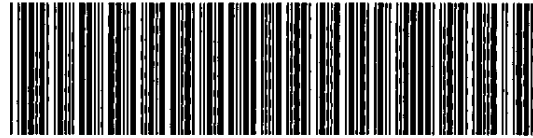
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/26/14--01021--019 **130.00

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14 JUL 28 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L14
627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2014

JACK SCHULMAN
7655 CANAL DR
LAKE WORTH, FL 33467

SUBJECT: JVM PRODUCTIONS AND MORE LLC
Ref. Number: W14000039993

We have received your document for JVM PRODUCTIONS AND MORE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 114A00013978

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JVM Productions and More, 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:

Jack Schulman
Name of Person

JVM Productions and More, LLC.
Firm/Company

7655 Canal Dr.
Address

Lake Worth, FL 33467
City/State and Zip Code

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

For further information concerning this matter, please call:

Jack Schulman at (561) 376-0782
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

W140000 39993 - Att: Justin Shorey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JVM PRODUCTIONS & MORE, 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:

7655 CANAL DR
LAKE WORTH, FL 33467

Mailing Address:

7655 CANAL DR
LAKE WORTH, FL 33467

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:

JACK SCHULMAN

Name

7655 CANAL DR

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

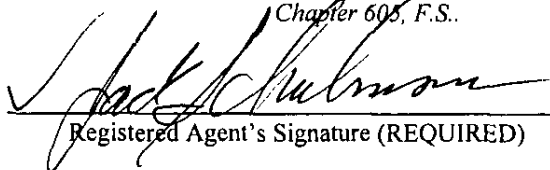
LAKE WORTH

City

FL 33467

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)

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TALLAHASSEE, FLORIDA

W 14000039993 - AH: Justin Shriver

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JACK SCHULMAN

7655 CANAL DR

LAKE WORTH, FL 33467

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

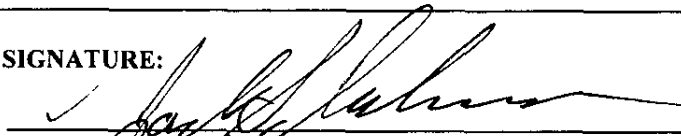
(OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFULL BUSINESS

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.)

JACK SCHULMAN

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)

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14 JUL 28 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA