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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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## COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	JCM DISTRIBUTOR Name of Lii	S.LLC nited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
	MARIA E, FERNAI	NDEZ	
		Name of Person	
		Firm/Company	
	12505 SW 125 CT		
		Address	
	MIAMI, FL 33186		
	(	City/State and Zip Code	
	MARUSI1985@HOT E-mail address: (to be use	MAIL COM d for future annual report notification	ation)
For further information	on concerning this matter, ple	ase call:	
MARIA FERNAND	EZat (_	305 975 4523	
	me of Person	•	lephone Number
	or 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)
<u>Ma</u>	illing Address	Street/Courier Add	ress

Mailing Address
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:		
JCM DISTRUTORS, LLC		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
12505 SW 125 CT MIAMI, FL 33186	12505 SW 125 CT MIAMI, FL 33186	
ARTICLE III - Registered Agent, Registered Office. The Limited Liability Company cannot serve as its of another business entity with an active Florida registra. The name and the Florida street address of the register.	wn Registered Agent. You must desig ation.)	
MARIA E. FERNANDEZ	ume	
INA	ime	
12505 SW 125 CT Florida street address (P.O. I	Box <u>NOT</u> acceptable)	
MIAMI	FL 33186	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Registered Agent's Signature.	cept the appointment as registered age. Its of all statutes relating to the proper obligations of my position as registere napter 605, F.S.	ent and agree to act in this and complete performance and agent as provided for in
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(CONTI	NUED)	
Page 1	of2	A Mary Market State of State o

"MGR" = Manager  MGR  MARIA E. FERNANDEZ  12505 SW 125 CT  MIAMI. FL 33186  MGR  JOSE ANDRES HERNANDEZ  12505 SW 125 CT  MIAMI. FL 33186   (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  (OPTIONAL)  retive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  E. VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 050.203 (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.)  MARIA E. FERNANDEZ  Typed or printed name of signee  Filing Fees:	12505 SW 125 CT MIAMI, FL 33186 IOSE ANDRES HERNANDEZ 12505 SW 125 CT MIAMI, FL 33186
MGR  MARIA E. FERNANDEZ  12505 SW 125 CT  MIAMI, FL 33186  MGR  JOSE ANDRES HERNANDEZ  12505 SW 125 CT  MIAMI, FL 33186  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  E. VI: Other provisions, if any.  REOUIRED 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 satisf 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.)  MARIA E. FERNANDEZ  Typed or printed name of signee	12505 SW 125 CT MIAMI, FL 33186 IOSE ANDRES HERNANDEZ 12505 SW 125 CT MIAMI, FL 33186
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