

L14 00 0141265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

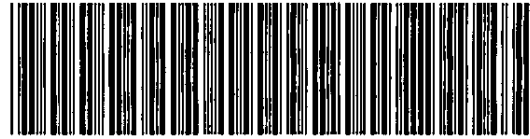
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263658054

09/03/14--01025--005 **150.00

14 SEP - 3 AM 10:03
STATE DEPT OF STATE
FALL ANNUAL MEETING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.L.A. Properties 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:

Lenny Adametz
Name of Person

J.L.A. Properties LLC.
Firm/Company

8100 Belvedere Road
Address

West Palm Beach, Florida 33411
City/State and Zip Code

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

For further information concerning this matter, please call:

Lenny Adametz at (561) 714-8881
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 L A. Properties 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:

J.L.A. Properties LLC.
8100 Belvedere Road
West Palm Beach, Florida 33411

J.L.A. Properties LLC.
8100 Belvedere Road #14
West Palm Beach, Florida 33411

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

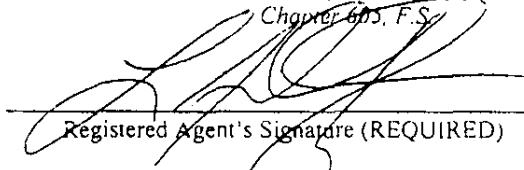
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lenny Adametz
Name
8100 Belvedere Road #14
Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33411
City 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)

14 SEP -3 AM 10:03
STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE IV-

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

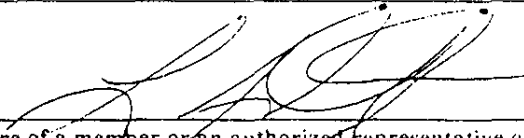
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager MGR	Lenny Adametz 721 Pine Club Ln. Wellington, FL 33414
MGR	Leslie Adametz 721 Pine Club Ln. Wellington, FL 33414
MGR	Jody Adametz 7848 Winter Song Dr. Orlando, FL 32825

(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.

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.)

Lenny Adametz

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)

14 SEP -3 AM 10:03