

LL4 000146855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

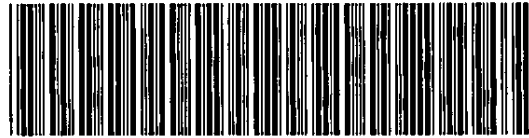
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400264148764

09/15/14--01044--007 \*\*125.00

FILED  
14 SEP 15 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PAUL P. WILD & ASSOCIATES, LLC**

*Certified Public Accountants*

1800 Route 34 Building 2 Suite 202

Wall, NJ 07719

Bus. 732-681-1210

Fax. 732-681-1225

Date: 9/9/14

Form: Florida LLC Formation

Name: Ed Bloom

Amount due (~~refund~~) \$ 125.00

Payable to: Florida Department of State

Mail on or before ASAP in the enclosed addressed envelope to:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Sign and date where indicated.

Comments:

---

---

---

---

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JCM 2006, 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:

EDWARD BLOOM  
Name of Person

JCM 2006, LLC  
Firm/Company

200 NE 2ND AVE, APT 215  
Address

DELRAY BEACH, FL 33444  
City/State and Zip Code

EBLOOM@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD BLOOM at ( 732 ) 233-2833  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

JCM 2006, 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:

200 NE 2ND AVE  
APT 215  
DELRAY BEACH, FL 33444

200 NE 2ND AVE  
APT 215  
DELRAY BEACH, FL 33444

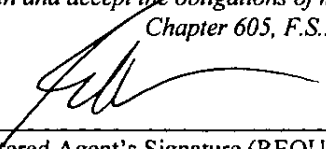
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

EDWARD BLOOM  
Name  
200 NE 2ND AVE, APT 215  
Florida street address (P.O. Box NOT acceptable)  
DELRAY BEACH FL 33444  
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..

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 SEP 15 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

EDWARD BLOOM

200 NE 2ND AVE

DELRAY BEACH, FL 33444

AMBR

SHANNON MC CURRY

1722 OLD MILL ROAD

WALL, NJ 07719

(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:**

X

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.)

EDWARD BLOOM

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)