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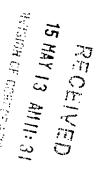
(Requestor's Name)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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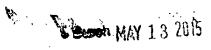
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SECRETARY OF SMALL





COVER LETTER

	gistration vision of C	i Section Corporations		
SUBJECT	:	Amous JAN	MEOUS	
	·	Name of Li	imited Liability Company	
The enclose	d Articles	of Organization and fee(s)	are submitted for filing.	
Please retur	n all corre	spondence concerning this r	natter to the following:	
		Slomon Veke	en	
		· · · · · /	Name of Person	
	S	Sloman //ex	een & Compa	WY
			Firm/Company	
	1310	o S. Gibbs	SILET	
•			Address	
	PQa.	nt-City, F	JURIDA 33569 Gity/State and Zip Code	<i>p</i>
<	Solon	100 1/2 REP N 125(U	VALUE. Com	
•		E-mail address: (to be us	ed for future annual report notifica	ation)
For further	informatio	n concerning this matter, ple	ease call:	
$\leq \delta$	omen	We peen _at(494 198-40 Area Code Daytime Te	13
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is	a check fo	or the following amount:		
l \$125.00 Fil	ing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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:
JAMOUS JAMEOUS 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:
13/6 S. G. 665 ST 13/6 S. G. 6565 ST
Plant City Pl 33563 Plant City Fl 33563
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:
Soloman Reeen Eg 5
Name Sim
1316 S. Gibbs ST Plant City 123563 5 3
Florida street address (P.O. Box NO1 acceptable) Hant City FL 33/63 City Zip Zip
City / Zip Zip 型間 ω
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
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" > Manager	Name and Address:
	Solomon Verlen MGR"
AM32	plant City Pr 33563
MINUS	Solomon Versen II
	111542N GA 30047
	<u> </u>
Use attachment if necessary)	
EV: Effective date, if other than the dat	
EV: Effective date, if other than the dat ctive date is listed, the date must be s	e of filing:
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EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
Filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und	rember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date ctive date is listed, the date must be so f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnitude of a magnit	rember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true. Penalties of perjury that the facts stated herein are true. Penalties of perjury that the facts stated herein are true. Penalties of perjury that the facts stated herein are true. Penalties of perjury that the facts stated herein are true. Penalties of perjury that the facts stated herein are true. Penalties of perjury that the facts stated herein are true. Penalties of perjury that the facts stated herein are true.
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