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SELVRE TARY OF STATE FALLAHASSEE, FLORID

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COVER LETTER

	ion Section of Corporations		
SUBJECT:	-0///	es L.L.C imited Liability Company	
	Nume of Em	minod Bubling Company	
The enclosed Artic	les of Organization and fee(s) a	are submitted for filing.	
Please return all co	rrespondence concerning this m	natter to the following:	
	Max Frater	Name of Person Dervices UC	-
	T = 1	. Admit of Folioni	
	J & M &	Services LLC	_
		Firm/Company	-
	304 NW 12	th Ave	-
	Boca Ration	EL 33486 City/State and Zip Code GMM 11. COM	_
	Mfmler 88 ax	City/State and Zip Code	
		d for future annual report notification)	-
For further informati	on concerning this matter, pleas		
Max	Frater	856 , 889-2304	
<u>~~~~</u>	Name of Person A	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 & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>N</u>	Aailing Address	Street Address	
	New Filing Section	New Filing Section	
	Division of Corporations 2.O. Box 6327	Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301 (Corrected)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	a sannyaangannin magalla, khainin alam 4 may sa kalandahan 4 mahan 14 m - ang 4 mmilahan	
BR Servici	ng L.L.C.	
(Must end with the words "Limited Liability Compa	ny, L.L.C.," or LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ed Liability Company is:	
Principal Office Address:	Mailing Address:	
304 NW 12th Ave Boca Raton, FL 33486	304 NW 12th Ave Boca Raton, FL 33486	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	(AMBR) 5	SLC
Name	(AMBK)	
304 NW (2th Ave	<u>.</u>	SSI
Florida street address (P.O. Box NOT	acceptable)	E SE
Boca Ration FL	33486 n	200
City State	Zip 20	ROE
Uning hear named as registered agent and to accept service of presents for t	the chose stated limited lightlits company at the	<i>y</i> -

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)

Page 1 of 2

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2015

MAX FRATER 304 NW 12TH AVE BOCA RATON, FL 33486

SUBJECT: JSM SERVICES LLC Ref. Number: W15000049073

We have received your document for JSM SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is JSM SERVICES, INC. P97000026982.

JSM SERVICES, INC. P97000026982

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) 245-6052.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 715A00015339

www.sunbiz.org

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