

L15000171861

(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:  
  
~~115-01167~~

Office Use Only



700277211697

09/21/15--01011--001 \*\*125.00

FILED  
2015 OCT -1 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT -9 2015  
T. BROWN

Paid 9/16/15  
CK # 1061

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JMC INVESTMENTS 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:

John Capozzi  
Name of Person

\_\_\_\_\_  
Firm/Company

793 VANDERBILT DRIVE  
Address

NOKOMIS FL 34215  
City/State and Zip Code

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

For further information concerning this matter, please call:

John Capozzi at ( 917 ) 691-2117  
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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2015

JOHN CAPOZZI  
793 VANDERBILT DR  
NOKOMIS, FL 34275

SUBJECT: JMC INVESTMENTS LLC  
Ref. Number: W15000064167

We have received your document for JMC INVESTMENTS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000065511.

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 215A00020301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMC INVESTMENT PARTNERS, LLC

JMC INVESTMENTS 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:

793 VANDERBILT DRIVE  
NOKOMIS, FL 34275

Mailing Address:

793 VANDERBILT DRIVE  
NOKOMIS, FL 34275

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:

John Capozzi

Name

793 VANDERBILT DRIVE

Florida street address (P.O. Box NOT acceptable)

NOKOMIS FL 34275

City

State

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.

John Capozzi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2015 OCT -1 AM 10:10  
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:

LADONNA M CAPOZZI  
193 VANDERBILT DRIVE  
NOKOMIS FL 34215

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 1, 2015 (OPTIONAL)

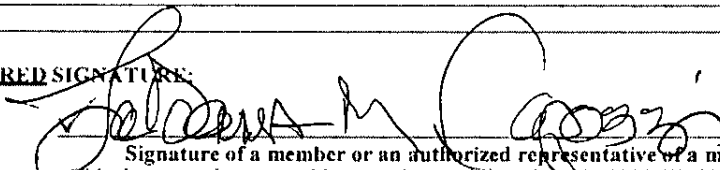
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 805.0203 (1) (b), Florida Statutes. 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.

LADONNA M. CAPOZZI

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)