

L15000176895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

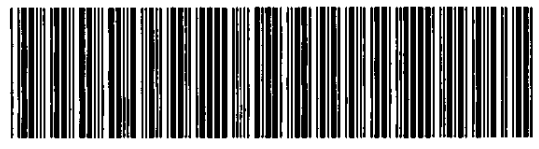
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
FALLAH/SSFE, FLORIDA
15 OCT 12 PM 2:50

10/19

[Handwritten signature]

PAID 9/16/15
#6049

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SME MARKETING SERVICES 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

193 VANDERBILT DRIVE
Address

NO KOMIS, FL 34275
City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN CAPOZZI at (919) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARTNERS
JMC MARKETING SERVICES 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:
193 VANDERBILT DRIVE 193 VANDERBILT DRIVE
NO KOMIS, FL 34215 NO KOMIS, FL 34215

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
193 VANDERBILT DRIVE
Florida street address (P.O. Box **NOT** acceptable)
NO KOMIS FL 34215
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 603, F.S.

John Capozzi
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 OCT 12 PM 2:50

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:

LA DONNA M. CAPOZZI
793 VANDERBILT DRIVE
NO KOMIS FL. 34215

(Use attachment if necessary)

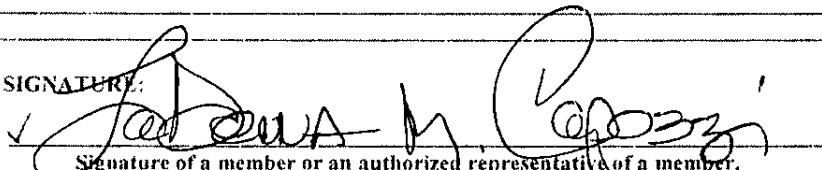
ARTICLE V: Effective date, if other than the date of filing: October 1, 2015 (OPTIONAL)

(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 605.020(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.

LA DONNA 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)



JMC MARKETING
PARTNERS
LLC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2015

JOHN CAPOZZI
793 VANDERBILT DRIVE
NOKOMIS, FL 34275

SUBJECT: JMC MARKETING SERVICES, LLC
Ref. Number: W15000064996

RECEIVED
15 OCT 15 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JMC MARKETING 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 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.

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: 915A00020638

10/14/15

FILED
SECRETARY OF STATE
TALLAHASSEE, FL
15 OCT 12 PM 2: