

Division of Corporations

L15000202388

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000289963 3)))

Effective Date **Jan. 4, 2016**

H150002899633ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : THOMAS K. BOARDMAN, P.A.
Account Number : 102350003270
Phone : (863) 674-1027
Fax Number : (863) 674-1029

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: jh2sunburst@aol.com**FLORIDA LIMITED LIABILITY CO.****JTM-3, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
15 DEC -8 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 DEC -8 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000289963 3

ARTICLES OF ORGANIZATION
OF
JTM-3, LLC

15 DEC - 8 PM 1996
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned member hereby certifies that the undersigned member of this organization desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

Effective Date Jan. 4, 2016

ARTICLE I

NAME

The name of the limited liability company shall be JTM-3, LLC

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 1501 6th Ave., Unit C, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall commence business as of January 4, 2016, and shall exist until January 31, 2045, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
P.O. Box 2197
LaBelle, Florida 33975
(863) 674-1027
Florida Bar No. 103581

H15000289963 3

H15000289963 3

ARTICLE IV
MANAGEMENT

This limited liability company shall be managed by its members. The name and address of the manager/member is as follows:

Howard Moody
1501 6th Ave. Unit C
Immokalee, Florida 34142

ARTICLE V
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

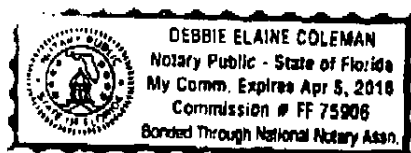
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

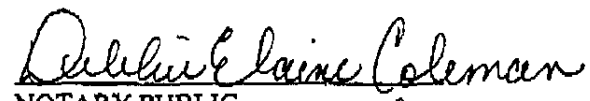
Executed by the undersigned at Immokalee, Florida, on December 7, 2015.


HOWARD MOODY

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 7th day of December, 2015, by HOWARD MOODY, who is ☒ personally known to me or ☐ who produced as identification.




NOTARY PUBLIC
Name: Debbie Elaine Coleman

H15000289963 3

H15000289963 3

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: JTM-3, LLC
2. The name and address of the registered agent and office is:

Howard Moody
(Name)

1501 6th Ave., Unit C
(P.O. Box not acceptable)

Immokalee, Florida 34142
(City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

Howard Moody
(Signature)

12-7-2015
(Date)

FILED
15 DEC -8 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000289963 3