## L15000203738

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400278219884

11/06/15--01018--017 \*\*125.00

15 DEC -2 PM 3: 43

DEC 1 0 2015 T CANNON

## **COVER LETTER**

Ş

TO: F	Registration Section Division of Corporations	
SUBJECT	JEM'S TOP ENTERPRISI	ES, LLC
SUBJEC	<del></del>	lame of Limited Liability Company
\		
The enclos	sed Articles of Organization a	nd fee(s) are submitted for filing.
Please retu	ırn all correspondence concern	ning this matter to the following:
	JOHN E. MOORE	
	in .	Name of Person
	,	
		Firm/Company
	18240 73RD PLACE	
	<del> </del>	Address
	MCALPIN, FL 32062	
	JEMOORE36@WINDSTRE	City/State and Zip Code AM.NET
	E-mail address:	(to be used for future annual report notification)
For further i	nformation concerning this ma	atter, please call:
	JOHN E. MOORE	386 963-2770 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following am	ount:
\$125.00 F	_	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporation	ons Division of Corporations
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32314	Tallahassee, FL 32301



November 18, 2015

JOHN MOORE 18240 73RD PLACE MCALPIN, FL 32062 US

SUBJECT: JEM'S ENTERPRISES, LLC

Ref. Number: W15000075792

We have received your document for JEM'S ENTERPRISES, 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L14000124786 (JEM ENTERPRISES LLC).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tina D Cannon Regulatory Specialist II

Letter Number: 215A00024415

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ART	ICI.	Æ I	- N	lame:

The name of the Limited Liability Company is:

15 DEC -2 PM 3: 43

J <u>EM'S</u> TOP ENTER	PRISES, LLC			
(Must end	with the words "Limite	ed Liability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•			
The mailing address and street a	ddress of the principal	office of the L	imited Liability Company is:	•
	•		•	
<u>Princip</u>	oal Office Address:		Mailing Address:	
18240 73RD PLAC	E		18240 73RD PLACE	
MCALPIN; FL 320	62		MCALPIN, FL 32062	
<del></del>		<del></del>		
			<u> </u>	
ARTICLE III - Registered Ag	ent Registered Office	. & Registere	d Agent's Signature:	
(The Limited Liability Company another business entity with an			Agent. You must designate an individua	Tor
The name and the Florida street	address of the register	ed agent are:		
	JOHN E. MOORE			
		Name		
	*		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	18240 73RD PLAC			
	Florida street/addre	ess (P.O. Box I	NOT acceptáble)	
	MCALPIN	FL	32062	
	City	State	Zip	
	•		<b>)</b>	

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..

(CONTINUED)

John 5 Moores
Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	THE PART AND LOSS.
MGR" = Manager	·
AMBR	JOHN E. MOORE
<del> </del>	18240 73RD PLACE
``	MCALPIN, FL 32062
· .	
*	
	·
í	
<del></del>	•
	<del></del>
λ.	
/	
·	
v	
Use attachment if necessary)	•
	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
filing.)	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no
filing.) he date inserted in this block does not meet the ent's effective date on the Department of Sta	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will no
filing.) he date inserted in this block does not meet the date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will not ate's records.
filing.) the date inserted in this block does not meet the date inserted in this block does not meet the ent's effective date on the Department of States.  VI: Other provisions, if any.  EQUIRED SIGNATURE:	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will not ate's records.
filing.) the date inserted in this block does not meet the date inserted in this block does not meet the ent's effective date on the Department of States.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member This document is executed in	he applicable statutory filing requirements, this date will not ate's records.  Let Wooke ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
filing.)  ne date inserted in this block does not meet the date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor	he applicable statutory filing requirements, this date will not ate's records.  To an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State
filing.)  ne date inserted in this block does not meet the date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor	he applicable statutory filing requirements, this date will not ate's records.  Let Wooke ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
filing.) ne date inserted in this block does not meet the date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felorical entire that the entire that the entire that the entire that any false information and the entire that the e	he applicable statutory filing requirements, this date will not ate's records.  To an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State
he date inserted in this block does not meet the date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor JOHN E. MOORE	he applicable statutory filing requirements, this date will not ate's records.  To ran authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
filing.) ne date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor JOHN E. MOORE	he applicable statutory filing requirements, this date will not ate's records.  To an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State
filing.) ne date inserted in this block does not meet the ent's effective date on the Department of State VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  JOHN E. MOORE  Typ	he applicable statutory filing requirements, this date will not ate's records.  Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
he date inserted in this block does not meet the date inserted in this block does not meet the dent's effective date on the Department of State VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  JOHN E. MOORE  Typ	he applicable statutory filing requirements, this date will not ate's records.  Tor an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.

Page 2 of 2