

L16000019997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

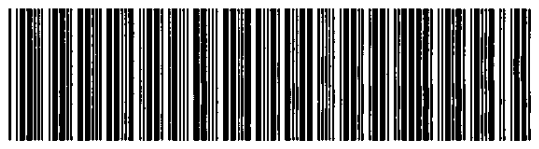
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
*Jon Fruch gave authorization
to change name on the
application.
2/2/16
dec*

Office Use Only



700280065377

effective date 01/16/2016

01/20/16--01027--012 **130.00

FILED
16 JAN 20 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 02 2016
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAM Properties 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:

JONATHAN FRUEH
Name of Person

JAM PROPERTIES LLC
Firm/Company

4616 CABBAGE PALM DR
Address

VALERICO, FL 33596
City/State and Zip Code

Jonfrueh@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Frueh at (432) 209-4581
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

16 JAN 20 PM 2:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAM Property Solutions 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:

4616 CABBAGE PALM DR
VAIRICO FL 33596

Mailing Address:

4616 CABBAGE PALM DR
VAIRICO, FL 33596

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:

Jonathan Frueh
Name
4616 CABBAGE PALM DR
Florida street address (P.O. Box **NOT** acceptable)
VAIRICO FL 33596
City State Zip

FILED
16 JAN 20 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jonathan Frueh
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Jonathan Frueh
4616 CABBAGE PALM DR
VALRICO, FL 33596

JONATHAN Frueh
4616 CABBAGE PALM DR
VALRICO, FL 33596

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/16/16 (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:

Jonathan Frueh

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (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.

JONATHAN FRUEH

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)

FILED
16 JAN 20 PM 2:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE