116000 161906

(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:

Office Use Only



100289546091

08/26/16--01013--021 **875.00

SECRETARY OF STATE TALLAHASSEE, FLORIB,

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: JAM CAD L. L. (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:
MOSES BARTLEY (Name of Person)
(Firm/Company)
4807 BRIGHTON LAKES BLVD
(Address)
ROYN TO N BEACH, FL 33436 (City/State and Zip Code)
For further information concerning this matter, please call:
DANIEL BARTLY at (16) 889-4835 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JAMCAD "L.L	. C '`
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6395 SEVEN SPRINGS	4807 BRIGHTON LAKES
BOULEVARD	BOULFVARD
GREENACRES, FL 33463	BOYDTON BEACH, FL 33436
The name and the Florida street address of the region of t	ARTIFY CECRETA
Florida street address (P.O. B	
BOYNTON BEAUTOCITY, State, and	FLORIDA 33436
ng been named as registered agent and to accept servic pany at the place designated in this certificate, I hereby to act in this capacity. I further agree to comply with th complete performance of my duties, and I am familiar w registered agent as provided for in Cha	accept the appointment as registered agent and he provisions of all statutes relating to the proper with and accept the obligations of my position as
1	
Registered Agent's Si	enature

Page 1 of 2 (CONTINUED)

•	RT		K.	**7
А	кі	16.1	ar.	IV-

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

<u>[itle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager "AMBL	DANIEL BARTLEY 4807 BRIGHTON LAKES AL BOJNTON BEALH, FL 33436
	
Jse attachment if necessary)	
tive date is listed, the date must filing.) ne date inserted in this block does ent's effective date on the Depar	the date of filing: 08-23-20/6. (OPTIONAL) be specific and cannot be more than five business days prior to or 90 or so not meet the applicable statutory filing requirements, this date will not timent of State's records.
tive date is listed, the date must filing.) he date inserted in this block does ent's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 or not meet the applicable statutory filing requirements, this date will not
tive date is listed, the date must filing.) the date inserted in this block does ent's effective date on the Depar VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 or not meet the applicable statutory filing requirements, this date will not
rtive date is listed, the date must filing.) the date inserted in this block does ent's effective date on the Depar VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 90 or not meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date must filing.) he date inserted in this block does tent's effective date on the Depart CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not timent of State's records. of a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State
ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not treent of State's records. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. The provided for in s.817.155, F.S.