

MAY/10/2017/WED 03:04 PM

FAX No

P. 001

L17000103543

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.

((H17000128711 3)))



H170001287113ABC

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
17 MAY 10 AM 11:33
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
J A M A M, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

17 MAY 10 PM 3:58

CLERICAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help
T. BURCH
MAY 11 2017

**ARTICLES OF ORGANIZATION
OF
J A M A M, LLC.**

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

ARTICLE I - NAME AND ADDRESS

The name of the Limited Liability Company is:

J A M A M, LLC.

ARTICLE II- ADDRESS

The principal place of business address shall be:

**4895 Romeo Circle
Kissimmee, FL 34746**

The business mailing address of the Limited Liability Company is:

**182-21 150th Avenue
Box: KW1 4625
Springfield Gardens, NY 11413**

FILED
17 MAY 10 AM 11:33
CLERK OF DISTRICT COURT
J. M. MANNING, CLERK

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 605, Florida statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

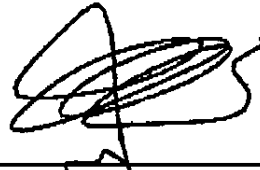
**ARTICLE III - REGISTER AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE**

The name and Florida Street address of the registered agent is:

MOHAMMAD A. BUFTAIN
4895 Romeo Circle
Kissimmee, FL 34746

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.

IN WITNESS WHEREOF, the undersigned subscriber(s) acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, this 10th day of May, 2017.



MOHAMMAD A. BUFTAIN
Registered Agent

ARTICLE IV - MANAGER(S) MGR or Managing Member(s) MGRM:

The company is to be manager managed. The company shall be managed in accordance with the regulations agreed to and adopted by its members. The initial managers of the company are identified below, and are authorized to act on behalf of the company, including the execution of all contracts, deeds, mortgages, leases, and any other instruments necessary to accomplish the purpose of the company. The name and address of each person authorized to manage and control the Limited Liability Company.

Transferability of Membership Interest

No members shall have the right to assign their membership interest in the company without the written agreement of all the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interest, the assignee shall have no right to become a member, to participate in the management of the company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

Title: **AMBR**

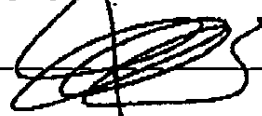
**MOHAMMAD A. BUFTAIN
4439 SURREY LN, NW
ROCHESTER, MN 55901**

FILED
17 MAY 10 AM 11:33
STATE OF MINNESOTA
COUNTY OF RAMSEY

ARTICLE V - Effective Date

The effective date for this Limited Liability Company shall be: **05/10/2017**

REQUIRED SIGNATURE:



Signature of member or an authorized representative of a member

Mohammad A Buftain
Typed or printed name of signee