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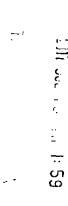
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## COVERLETTER

	Jemmstone Medical LLC					
SUBJECT	Name of Limited Liability Company					
The enclos	ed Articles of Organization and fee	(s) are submitted	for filing.			
Please retu	rn all correspondence concerning th	is matter to the f	following:			
	Mark K. Logan					
	Name of Person					
	Sniffen & Spellman, P.A.					
	Firm/Company					
	123 North Monroe Street					
	Address					
	Tallahassee, FL 32301					
	mlogan@sniffenlaw.com	City/State an	d Zip Code			
•		used for future a	nunual report notification)	<u> </u>		
For further is	nformation concerning this matter, p	olease call:				
	Mark K. Logan	850 it (	205-1996			
	Name of Person	Area Code	_) Daytime Telephone Number			
Enclosed is	a check for the following amount:					
]\$125.00 Fi	·	s ——Certifi	of Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address		Street Address New Filing Section			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lammetona Madien	1117			
<u>Jemmstone Medica</u> (Must cor		Liability Con	ipany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the L	imited Liability Company is:	
Principal Office Address:			Mailing Address:	
123 North Monroe Street Tallahassee, Florida 32301			123 North Monroe Street Tallahassee, Florida 32301	<del></del>
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its owi active Florida registration	1 Registered / on.)	d Agent's Signature; .gent. You must designate an individual o	r ~~;
	Sniffen & Spellman			
		Name		
123 North Monroe Street				
	Florida street address (P.O. Box <u>NOT</u> acceptable)			
	Taflahassee	FL	32301	• •
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the app provisions of all statutes? bligations of my position	oointment as re elating to the	for the above stated limited liability compargistered agent and agree to act in this cap proper and complete performance of my diagent as provided for in Chapter 605, F.S., Signature (REOUIRED)	acity. 1 ities, and 1

## The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 SIGNATURÉ: 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. MARK K. 1660N 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)