

L17000171775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

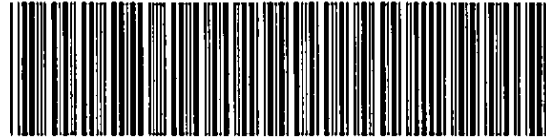
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/10/17--01014--008 **160.00

FILED
17 AUG 10 AM 11:42
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

08/11/17

J.A.M.A. LLC

Firearm Sales
8447 Gleneagle Way
Naples FL 34120
August 1, 2017

RE: Late corporate Filing

I have some serious medical problems over the last 10 months that prevented me from filing my annual report. I was in an auto accident where my vehicle was rear ended 3 times. I required 2 major surgeries, a month stay in the hospital, 2 months of aggressive in hospital rehab, and continuing rehab to this day. I was paralyzed on my left sided due to damage to my spinal cord. I was unable to return to my own home until this past June. I had difficulty walking and need 24 hour care. To further complicate the medical situation I am a 100% disabled Vietnam War veteran which added to my new injuries.

Since I was unable to work my business I was forced to close my store, but because I was a Federally regulated business, I needed to try and close out any open items. Eventually I had to surrender my Federal firearms License, but was allowed to keep my Special Operating Tax license because most of my class 3 inventory was owned by J.A.M.A. LLC. Quite frankly, I didn't even think about filing my annual report because I did not know what the BATF and the NFA would require of me. To further complicate things my mail which was required to be sent to my home was being sent to different addresses.

I hope you can see the difficult situation I was in and will waive the late filing fee.

Sincerely

A handwritten signature in dark ink, appearing to read "Terrance A. Madura", with a long horizontal flourish extending to the right.

Terrance A. Madura
CEO

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: J.A.M.A.K. 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:

TERRANCE A. MADURA

Name of Person

Firm/Company

8447 GLENEAGLE WAY

Address

NAPLES, FLORIDA 34120

City/State and Zip Code

tamadura@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrance A. Madura 239 438-6014
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J.A.M.A.K. LLC

(Must contain 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:

Mailing Address:

8447 GLENEAGLE WAY
NAPLES, FLORIDA 34120

8447 GLENEAGLE WAY
NAPLES, FLORIDA 34120

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:

TERRANCE A. MADURA

Name

8447 GLENEAGLE WAY

Florida street address (P.O. Box **NOT** acceptable)

NAPLES

FLORIDA

34120

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 AUG 10 AM 11:42
STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

AUDRA T. MADURA
8447 GLENEAGLE WAY
NAPLES, FL 34120

AMBR

KATHLEEN A. MADURA
8447 GLENEAGLE WAY
NAPLES, FL 34120

(Use attachment if necessary)

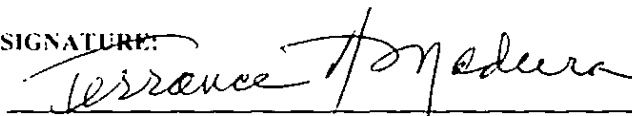
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

TERRANCE A. MADURA

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)

17 AUG 19 AM 11:42
CLERK OF COURT
TALLAHASSEE, FLORIDA