

L170850 202523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

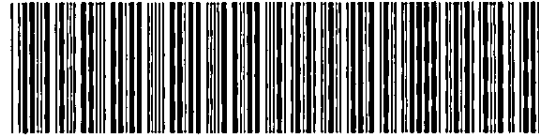
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017

10/02/17--01006--009 \*\*125.00

2017 OCT 2 11:40

m. moon

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

JM Sales & Consulting 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:

JOSHUA MILLER

Name of Person

JM Sales & Consulting LLC

Firm/Company

9160 FORUM CORPORATE PKWY, Ste. 350

Address

Fort Myers, FL 33905

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSHUA MILLER at (859) 361-8553

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM Sales & Consulting 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:

9160 Forum Corporate Pkwy  
Suite 350  
Fort Myers, FL 33905

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:

Middleton & Middleton, P.A.  
Name

1469 Market Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32312  
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)

FILED  
2017 OCT -2 4:11:40  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

**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

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Haley Miller  
8669 Oak Creek Dr  
Lewis Center, OH 43035

Riley Simon  
63 N Otterbein Ave, Apt. C  
Westerville, OH 43081

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/02/17 (OPTIONAL)

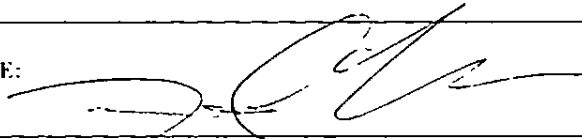
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Joshua Miller

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)

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2017 OCT -2 11:40  
CLERK OF THE  
SOLICITOR GENERAL  
OF THE STATE OF FLORIDA

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

**Name and Address:**

Joshua Miller  
9160 Forum Corporate Pkwy, Ste. 350  
Fort Myers, FL 33905

Emily Howe  
3708 Red River Rd  
Lexington, KY

Kenneth Miller  
8669 Oak Creek Dr  
Lewis Center, OH 43035

April Miller  
8669 Oak Creek Dr  
Lewis Center, OH 43035

(Use attachment if necessary)

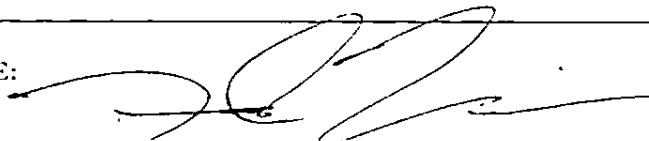
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2017 OCT -2 AM 11:40  
CLERK OF THE COURT  
STATE OF FLORIDA