# L1100U223374

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Essument)
Contillation of Chair
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900304853059

10/26/17--01013--012 \*\*160.00

17 OCT 26 PH 3: 08

FILING CANCELLED RETURNED CHECK

#### **COVER LETTER**

TO:

New Filing Section
Division of Corporations

### FILING CANCELLED RETURNED CHECK

SUBJECT: Jams Music Store, 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:
James D. Elliott Name of Person
Firm/Company
P. O. Box 1821 Address
Sarasuta, FL. 34230  City/State and Zip Code  Jams - Music Cyahoo, Com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
James Elliott at (941) 685 - 6414  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 \( \) (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 1 - Name: The name of the Limited Liability Company is:	FILING CANCELLE
Jams Music Store, LLC	RETURNED CHEC
(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 Lia	ibility Company is:
Principal Office Address:	Mailing Address:
303 US Hwy 301 Blvd. VV. P.O. Sar Bradeston, Fl. 34205	Box 1821 65HG, FL. 34230
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	Signature: a must designate an individual or
The name and the Florida street address of the registered agent are:	17. FAL.
James D. Elliott	
Name	37 Z
3028 Lockwood LA	CIZ6 P
Florida street address (P.O. Box NOT acce	
Sarasata FL. City State	34234 문문 및 및 Zip
Having been named as registered agent and to accept service of process for the ab place designated in this certificate. I hereby accept the appointment as registered a further agree to comply with the provisions of all statutes relating to the proper an am familiar with and accept the obligations of my position as registered agent as p	gent and agree to act in this capacity. I d complete performance of my duties, and I rovided for in Chapter 605, F.S
(CONTINUED)	

## FILING CANCELLED RETURNED CHECK

A D	TI	CI	L.	IV-

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

REOURED 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.  Cystal Elliott  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)	Title:	134 1	Name and Address:	ì
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  October 34, 2017 (OPTIONAL)  Socrabia, FL. 34234  LEV: Effective date, if other than the date of filing:  October 34, 2017 (OPTIONAL)  Socrabia, FL. 34234  LEV: Effective date, if other than the date of filing:  October 34, 2017 (OPTIONAL)  Socrabia, FL. 34234  LEV: 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.  Cystal Elight  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$5.500 Certificate of Status (Optional)		l Member		
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing: October 24,2017 (OPTIONAL)  Mective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.  Metrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.  Metrive date is listed, the date must be specific and filing.  Metrive date is listed, the date must be specific and filing.  Metrive date is listed, the date must be specific and filing.  Metrive date is listed, the date must be specific and filing.  Metrive date is listed, the date must be specific and cannot be unear			CNSTAL Elliott	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  October 24, 2017 (OPTIONAL)  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.  LE 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.  Cystal Elliott  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$5.500 Certificate Opy (Optional)		-		Circle
(Use attachment if necessary)  LF V: Effective date, if other than the date of filing: October 24, 2017 (OPTIONAL)  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da off filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOURED 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.  Cystal Elliott  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$50.00 Certified Copy (Optional)			Sarusatu, Fl. 34236	<b>!</b>
(Use attachment if necessary)  LF V: Effective date, if other than the date of filing: October 24, 2017 (OPTIONAL)  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da off filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOURED 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.  Cystal Elliott  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$50.00 Certified Copy (Optional)	AMRO		Autoria Charat	
(Use attachment if necessary)  LF V: Effective date, if other than the date of filing:  October 24, 20)7 (OPTIONAL)  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records.  LE 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.  Cystal Ellist  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5.500 Certificate of Status (Ontional)	IIIIDIC	-		Circle
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)				4
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)				,
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)		_		
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)				
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)				
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)		_		
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)				
REOUIRED 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.  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.500 Certificate of Status (Optional)				
Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.  LE 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.  Cystal Elliott  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)	(Use attachment if nece	essary)		
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.  CASTAL Elliph  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	of filing.)	•	• •	
REOUIRED 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.  Crystal Elliph  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	If the date inserted in this	s block does not meet the	applicable statutory filing requirements, this	date will not be
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.  Cystal Elliott  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	ument's effective date or	i the Department of State'	's records.	
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.  Cystal Elliott  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	I E VI. Osbor mensiolana	:r		
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.  Cystal Elliott  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	LE VI: Other provisions,	ii any.		
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.  Cystal Elliott  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)				
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.  Cystal Elliott  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)		<del> </del>		
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.  Cystal Elliott  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)	REQUIRED SIGNAT	TURE:	4.7	
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.  Cystal Elliott  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)		1. A. 1 9	11 th	
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.  Cystal Elliott  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)	<del></del>	100 -0	· orac ·	
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.  Cystal Elliott  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)	•		r an authorized representative of a membe	
Cys+al Ellio+  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)		acument is evecuted in ac		
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)	This de		cordance with section 605,0203 (1) (b), Flori	da Statutes.
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)	This do	ware that any false informa	cordance with section 605,0203 (1) (b), Flori ation submitted in a document to the Departn	da Statutes.
Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	This do	ware that any false informatutes a third degree felony	cordance with section 605,0203 (1) (b), Flori ation submitted in a document to the Departn	da Statutes.
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)	This do	ware that any false informations a third degree felony:  CUSHAL	cordance with section 605.0203 (1) (b), Floriation submitted in a document to the Departmas provided for in s.817.155, F.S.	da Statutes. nent of State
\$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	This do	ware that any false informations at third degree felony of the Crystal E	cordance with section 605,0203 (1) (b), Floriation submitted in a document to the Departmas provided for in s.817.155, F.S.    1	da Statutes. nent of State
S 50.00 Certificate of Status (Optional)	This do I am av constit	ware that any false informations at third degree felony of the Crystal E	cordance with section 605.0203 (1) (b), Floriation submitted in a document to the Departm as provided for in s.817.155, F.S.	da Statutes. nent of State
5 5.00 Certificate di Status (Optional)	This do I am av constit	ware that any false informations at third degree felony in the Crystal E Typed or Articles of Organizati	cordance with section 605.0203 (1) (b), Floriation submitted in a document to the Departm as provided for in s.817.155, F.S.	da Statutes. nent of State
	This do I am aveconstit  \$125.00 Filing Fee for \$30.00 Certified Co	ware that any false informations at third degree felony in the Crystal E Typed or Articles of Organizatiopy (Optional)	cordance with section 605.0203 (1) (b), Floriation submitted in a document to the Departm as provided for in s.817.155, F.S.	da Statutes. nent of State
	This do I am aveconstit  \$125.00 Filing Fee for \$30.00 Certified Co	ware that any false informations at third degree felony in the Crystal E Typed or Articles of Organizatiopy (Optional)	cordance with section 605.0203 (1) (b), Floriation submitted in a document to the Departm as provided for in s.817.155, F.S.	ida Statutes.  nent of State  17. OCT 26 F
	This do I am aveconstit  \$125.00 Filing Fee for \$30.00 Certified Co	ware that any false informations at third degree felony in the Crystal E Typed or Articles of Organizatiopy (Optional)	cordance with section 605.0203 (1) (b), Floriation submitted in a document to the Departm as provided for in s.817.155, F.S.	ida Statutes.  nent of State  17. OCT 26 F
	This do I am aveconstit  \$125.00 Filing Fee for \$30.00 Certified Co	ware that any false informations at third degree felony in the Crystal E Typed or Articles of Organizatiopy (Optional)	cordance with section 605.0203 (1) (b), Floriation submitted in a document to the Departm as provided for in s.817.155, F.S.	ida Statutes. hent of State