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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

FLORIDA LIMITED LIABILITY CO. JMAC ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMAC ENTERPRISES LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II

City

<u>Principa</u>	d Office Address:		Mailing Address:			
6070 ALTON RD.		<u>-</u>	6070 ALTON RD.			
MIAMI BEACH, FL	33140		MIAMI BEACH, FL 33140			
ARTICLE III - Registered Age. (The Limited Liability Company another business entity with an at- The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Ag n.)	Agent's Signature: ent. You must designate an individual o	er	18 FEB :	
	JOHN K. WHITEHE	AD			យ៉ា	
		Name			27 -	
	6070 ALTON RD.				<u> </u>	
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)	•	(L)	
	МІАМІ ВЕАСН	FL	33140		GF 1	

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 relgang to the prop ornance of my duties, and I Chapter 605, F.S., am familiar with and accept the obligations of

State

Zip

(CONTINUED)

Page 1 of 2

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM	JOHN K. WHITEHEAD
	6070 ALTON RD
	MIAMI BEACH, FL 33140
	
	
(Use attachment if necessary)	
I.E.V. Effective date, if other than the date of	of filing: (OPTIONAL)
LE VI: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
	1/21/
REQUIRED SIGNATURE:	h/NH
REQUIRED SIGNATURE:	William
REQUIRED SIGNATURE:	d in accordance with section 605,0203 (1) (b). Florida Statutes
REQUIRED SIGNATURE: Signature of supports This document is executed a manager that any false is	d in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of supports This document is executed a manager that any false is	d in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: SERVICE STREET S	d in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
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