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SEURETARY OF STATE
TAIL AHASSEF. FI ORIDA

FILED

2018 AUG 17 AM 11: 27



August 3, 2018

JOHN VELEZ 7750 OKEECHOBEE BLVD, STE 4-431 WEST PALM BEACH, FL 33411

SUBJECT: KJMJ GROUP, LLC Ret. Number: W18000070606

We have received your document for KJMJ GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s).

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 918A00015968

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassec, Florida 32314

COVER LETTER

TO: New Filing S Division of C	
SUBJECT:	TMTGROUP LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles	of Organization and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	TOHN VELEZ
	OHN VECEE: Name of Person
K	JMJ GROUP, LLC
_ 77	50 OKEECHOBEE BLUD STE 4-431 Address
	Address
We.	ST PALM BEACH, FL 33411 City/State and Zip Code K TAL TG 12011 P. 6 CALOUR 12 MA
)- }-	City/State and Zip Code KJMJG1204PEGMA-1L-COM
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
. TO	NVEZEZ 11 470, 307-0566
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:
\$125.00 Filing Fee	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certificate Opy (additional copy is enclosed)
	iling Address Street Address
	Filing Section New Filing Section sion of Corporations Division of Corporations
P.O	Box 6327 Clifton Building ahassee, FL 32314 2661 Executive Center Circle
1 411	Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name: The name of the furnised Liability Company is:
(Musi contain the words Timised Liability Company, "LLC," or "LLC")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Larbility Company is.
Principal Crifice Address: 16458 133 M TERR N. 7750 OKEE CHOBEE BLND. JUPITER, FL 33-478 WEST PARM BEACH, FL 3341
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility Company cannot serve as its own Registered Agent. You must designate an individual or another bestness civily with an active Florida registration.)
The name and the Florida street address of the resistered appearant of the TOHN VELET
16458 132ND TERR NORTH Florida street address (P.O. Box NOT acceptable)
Julitel Scar Ten 33478

Having been named as registered again and as accept service of process for the above smoot limited hisbility company at the place designated as this certificate. I hereby accept the appointment of registered again and agree to see in this capacity. I further agree to complete performance of my dates, and I am tamiliar with and accept the obligations of my passion of I and again as provided for to Chapter 603. F.S.

Refutered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

The name and	address of each person authorized to manage and control the Limited Liability Company:	
Title: "AMBR" = Au "MGR" = Man	Name and Address: TOHN VELL-Z 7757 ONE CHOSEE KUND STE 4-431 WEST PALM BENCH, FL 33411	
(Use attachmer		
ARTICLE V: Effective (If an effective date is little date of filing.) Note: If the date inserte the document's effective ARTICLE VI: Other pro-	date, if other than the date of filing: 102130, 2018 (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior to or 90 feets after d in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	
REQUIRED S	IGNATURE: 99	
	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. Typed or printed name of signee	
\$ 30.00 Cere	Filing Fees: g Fee for Articles of Organization and Designation of Registered Agent iffed Copy (Optional) ificate of Status (Optional)	