## L1900001782

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(Address)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>JaMaZ Online Enterprises LLC</u> Namc of l	Limited Liability Company	
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	James E McCurdy Jr.	Name of Person	
		Name of Person	
		Firm/Company	
	319 Miami St.	Address	
	Lakeland, FL 33805		
		City/State and Zip Code	
-		sed for future annual report notifica	ation)
ror iu	rther information concerning this matter, p	nease call:	
<u>Jame</u>	s E McCurdy Jr. at Name of Person	( <u>863</u> ) <u>682-0210</u> Area Code Daytime Te	lephone Number
Enclos	sed is a check for the following amount:		
□ <b>\$</b> 125.0	00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Add Registration Section	ress
	Division of Corporations	Division of Corpora	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
JaMaZ Online Enterprises LLC (Must end with the words "L	imited Liability Company, "L.L.C.," o	 or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ		
Principal Office Address:	Mailing Address:	
319 Miami St Lakeland, FL 33805	319 Miami St. Lakeland, FL 33805	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regi	s own Registered Agent. You must de stration.)	
The name and the Florida street address of the region James E McCurdy Jr.	stered agent are:	
	Name	
319 Miami St.		
Florida street address (P.6	O. Box NOT acceptable)	
Lakeland	FL 33805	
City	Zip	
	accept the appointment as registered is ions of all statutes relating to the pro	agent and agree to act in this per and complete performance tered agent as provided for in
Pa	ge 1 of 2	JAN 22 PM 2:55

Fitle:	Name and Address:		
AMBR" = Authorized Member	<del></del>		
MGR" = Manager			
AMBR	James E McCurdy Jr.		
	319 Miami St,		
	Lakeland, FL 33805	<del></del> .	
	<del> </del>		
<del></del>			_
			_
			_
		-	
Use attachment if necessary)			
V: Effective date, if other than the date o	of filing: (OPTIC	ONAL) prior to o	r 9
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