

4900206379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

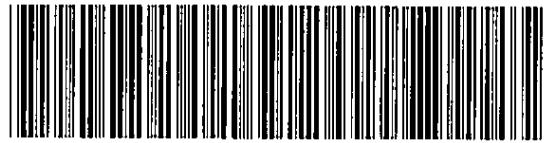
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800332674388

08/09/19-1000-000-000.00

FILED  
2019 AUG -9 PM12:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

AUG 19 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: JMC Organization 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:

Gary M. Carman

Name of Person

Gray - Robinson PA

Firm/Company

333 S.E. 2nd Ave. Suite 3200

Address

miami Fla. 33131

City/State and Zip Code

Gary. Carman at gray-robinson.com

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

For further information concerning this matter, please call:

Gary Carman at (305) 416 6880

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 &

\$160.00 Filing Fee,

Certified Copy  
(additional copy is enclosed)

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:

J M C Organization 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:

1541 Bickell Ave  
Miami, Fla 33129

Mailing Address:

1541 Bickell Ave  
C-709  
Miami, Fla. 33129

**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:

Gary M. Carman  
Name

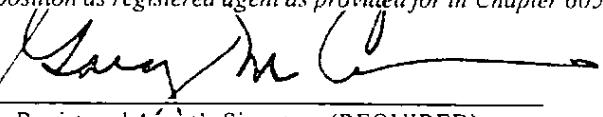
333 S.E. 2nd Ave. 3200  
Florida street address (P.O. Box NOT acceptable)

Miami Fla. 33129  
City State Zip

2019 AUG -9 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

AMBR, MGR

Jonathan M. Carman  
1541 Baickell Ave  
Miami, Fla. 33129

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Gary M. Carman, Esq.

**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.

Gary M. Carman

Typed or printed name of signee

2019 AUG - 9 PM12:02  
SECRETARY OF STATE  
FLORIDA  
FILING

FILED

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent