10/28/2019

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H190003185293)))



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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : JSS FUNDING, CORP Account Number : 120190000032

Phone : (561)502-6289

: (561)491-5519 Fax Number

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

Email Address: amide@bellsouth.net

FLORIDA LIMITED LIABILITY CO.

AMJ Loan Processing Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

10 OCT 28 PM 2: 4-8

ARTICLE I - Name:	M Do
The name of the Limited Liability Company is:	
AMI LOAN PROCESSING SERVICES, I.I.C	
(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: Mailing Address	:
GOPAL SPRINGS, R. 32071	
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 of the business entity with an active Florida registration.)	dual or

The name and the Florida street address of the registered agent are:

AMIDE MYRIAM JA	CQUES	
	Name	
9007 NW 3RD COUR	т	
Florida street address ((P.O. Box NOT ac	cceptable)
CORAL SPRINGS	FL	33071
City	State	Zip

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 abligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H190003185293)))

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	AMIDE MYRIAM JACQUES 9007 NW 3RD COURT
	CORAL SPRINGS, FL 33071
	(ORAL SUGINGS, 13735071
·	
(Use attachment if necessary) EV: Effective date, if other than the	e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	be date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be timent of State's records.

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)