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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: Melanie.cissone@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**JAM Time Group, LLC**

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

Friday, December 6, 2019

To: New Filing Section  
Division of Corporation

Subject:  
JAM Time Group, LLC  
Name of Limited Liability Company

FILED  
2019 DEC 9 AM 11:47  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**

**Kalpesh Patel** at 727-279-5037 or e-mail at Contact@flpatellaw.com

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

**ARTICLES OF ORGANIZATION**  
**FOR**  
**JAM Time Group, LLC**  
**A**  
**Florida Limited Liability Company**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: JAM Time Group, LLC (the Company)

**ARTICLE II.**  
**Address**

The mailing address and street address of the principal office of the Company is:

174 Watercolor Way  
Suite 103, No. 415  
Santa Rosa Beach, FL 32459

**ARTICLE III.**  
**Registered Agent, Registered office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Melanie A. Cissone  
174 Watercolor Way  
Suite 103, No. 415  
Santa Rosa Beach, FL 32459

*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.*



(sign)

Melanie A. Cissone

**FILED**  
2019 DEC -9 AM 11:47  
SECRETARY  
FLORIDA SECRETARY

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Melanie A. Cissone 174 Watercolor Way Suite 103, No. 415 Santa Rosa Beach, Fl 32459
<u>MGR</u>	Jason Ringer 174 Watercolor Way Suite 103, No. 415 Santa Rosa Beach, Fl 32459

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**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.

Melanie A. Cissone

Authorized Representative/Member