# 12000307496

(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:	





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2020 SEP | 8 PH 4: 34

# **COVER LETTER**

10:	Division of Cor				
CHAR		ng Solutions, LLC			<b>~</b> 3
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company	<u></u>	7020 SI
The encl	losed Articles of	Organization and fee(s) are	submitted for filing.		7020 SEP 18
Please re	eturn all correspo	ondence concerning this ma	tter to the following:		== -
	Jessica Vann	iier			# <del>.</del>
		-,,,,=	Name of Person		<u> </u>
	<del></del>		Firm/Company		
	315 N Presc	ou Ave	Типисотрану		
			Address		
	Clea	rwater FC	33755 ity/State and Zip Code		
		E-mail address: (10 be used	for future annual report notificat	ion)	<del></del>
or furthe	r information co	ncerning this matter, please	call:		
	)Q55X A	e of Person Ar	rea Code Daytime Telephon	Number	
Enclosed	d is a check for t	he following amount:			
<b>2</b> \$125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□S160.00 Filir Certificate of S Certified Copy (additional copy i	tatus &
	New F Divisio	ng Address illing Section on of Corporations fox 6327	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee	

Tallahassee, FL 32314

Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

JMK Billing Solutions, 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:

Mailing Address:

19046 Bruce B Downs Blvd	19046 Bruce B Downs Blvd	
Ste B6 #816	Ste B6 #816	
Tampa, FL 33647	Tampa, FL 33647	

# 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:

Jessica Vannier		
	Name	
19046 Bruce B Dov	vns Blvd Ste B6 #816	
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Fampa	Florida	33647
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 obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jessica Vannier
	315 N Prescott Ave
	Clearwater, FL 33755
	<del></del>
<del></del>	
the date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
the document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
	<del>-/-/</del>
REQUIRED SIGNATURE:	
This document is <b>6</b> I am aware that any	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Jessica Vann	
	Typed or printed name of signee

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)

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

14 September 2020

To whom it may concern:

Attached you will find the articles of organization and a check for \$125.00.

If you have any questions please feel free to contact Jessica Vannier at:

315 N Prescott Ave Clearwater, FL 33755 (727)657-9273

Thank you for your time.

J**∉**ssica Vannier