

Florida Department of State
 Division of Corporations
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L210001227078

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

From: Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC
 Account Number : I20090000001
 Phone : (239) 213-0066
 Fax Number : (239) 213-0698

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

Email Address: bridgetteh@advocatetax.com

**FLORIDA LIMITED LIABILITY CO.
 JMC Communities I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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 2021 MAR 26 PM 12: 24
 DIVISION OF CORPORATIONS
 ELECTRONIC FILING SYSTEMS
 2021 MAR 26 PM 12: 07
 [Handwritten initials/signature]

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: JMC Communities I, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brigette Harms
Name of Person
Advocate Consulting Legal Group, PLLC
Firm/Company
1300 N Westshore Blvd, Ste 220
Address
Tampa, FL 33607
City/State and Zip Code
bridgett@advocatetax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

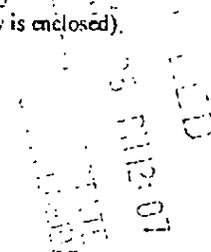
Brigette Harms 239 213-0066
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, 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
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMC Communities I, 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: 2201 4th St N, Ste 200
Mailing Address: 2201 4th St N, Ste 200
Saint Petersburg, FL 33704 Saint Petersburg, FL 33704

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:

J. Michael Cheezem
Name
2201 4th St N, Ste 200
Florida street address (P.O. Box NOT acceptable)
Saint Petersburg FL 33704
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..

by [Signature]
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:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

J. Michael Cheezem
2201 4th St N, Ste 200
Saint Petersburg, FL 33704

(Use attachment if necessary)

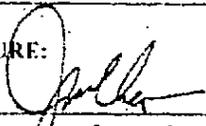
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

J. Michael Cheezem

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)

FILED
MAR 26 2021 11:01
SANTA CLAY COUNTY
FLORIDA

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