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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

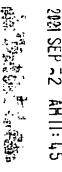
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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	Jamareo & Associates LLC			
NO Date		imited Liabilit	y Company	
The end	closed Articles of Organization and fee(s):	ire submitted :	for filing.	
Please i	return all correspondence concerning this r	natter to the fe	dlowing:	
	Matthew Roach JR			
		Name of I	Person	
		T21 (C)		
		Firm/Cor	прапу	
	1921 SE 8th Terrace			
		Addre	ss	
	Cape Coral FL 33990			
		City/State and	Zip Code	
	mattroach411@gmail.com		. <u>-</u>	_
	E-mail address: (to be use	ed for future ar	inual report notificati	un)
For furth	ner information concerning this matter, plea	ise call:		
	Matthew Roach JR at (at (239	719-0370 	
			Daytime Telephon	e Number
	sed is a check for the following amount:			
2 1\$125	5.00 Filing Fee	Certitie	.00 Filing Fee & d Copy I copy is enclosed)	2\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	(wiston)
New Filing Section Division of Corporations			New Filing Section Di The Centre of Tallaha	
P.O. Box 6327			2415 N. Monroe Stre	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Jamarco & Associates LLC	
(Must contain the words "Limited Liabi	lity 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:
1921 SF. 8th Terrace	1921 SE 8th Terrace
Cape Coral FL 33990	Cape Coral FL 33990
ARTICLE III - Registered Agent, Registered Office, & Ro The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an individual
The name and the Florida street address of the registered agen	M. Over

Matthew Roach JR

Name

1921 SE 8th Terrace

Florida street address (P.O. Box NOT acceptable)

Cape Coral FL 33990

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 (REOURED)

(CONTINUED)

2#21 SEP \(\text{\text{Z}} \) AM | 11: 45

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	
MGR	Matthew Roach JR 1921 SE 8th Terrace
	Cane Coral FL 33990
	
(Use attachment if necessary)	
,	
TICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days prior to or 90 days after
date of filing.)	
te: It the date inserted in this block de document's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not be listed as
the time it is the cure that the Dep	artificia of addic 8 fecords.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u> </u>	$M_{\alpha+\alpha}$
	Mully water J.
	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	any false information submitted in a document to the Department of State
	rd degree felony as provided for in s.817.155, F.S.
Matthew	Roach JR Typed or printed name of signee
	r ypett in printed name to 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)