

L21 000 435968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

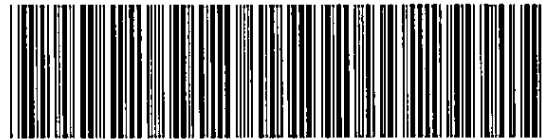
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100374347831

06/21/21--01035--005 \*\*125.00

FILED  
2021 OCT -4 AM 11:09  
CLERK OF STATE  
COURT CLERK

CL

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2021

CASSANDRA Y JENNINGS-SMITH  
10916 COPPER HILL DRIVE  
JACKSONVILLE, FL 32218

SUBJECT: CCM, LLC  
Ref. Number: W21000092238

We have received your document for CCM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

L02000004440.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. *9/28/2021 still active*

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shareta Backey  
Regulatory Specialist II

Letter Number: 921A00014487

2021 OCT -4 AM 11:09

FILED

2021 OCT -4 AM 12:08

8am-5pm

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~CCM, LLC~~ J5 INVESTMENTS, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cassandra Y. Jennings-Smith

Name of Person

~~CCM, LLC~~ J5 INVESTMENTS, LLC  
Firm/Company

10916 Copper Hill Drive

Address

Jacksonville, Florida 32218

City/State and Zip Code

cassy7413@gmail.com

E-mail address: (to be used for future annual report notification)

2021 OCT -4 AM 11:09

FILED

For further information concerning this matter, please call:

Cheryl Oliver at ( ) 904 333-9920  
Name of Person Area Code Daytime Telephone Number

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. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~SCM, LLC~~ JS INVESTMENTS, 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:

10916 Copper Hill Drive  
Jacksonville, FL 32218

Mailing Address:

P. O. Box 26414  
Jacksonville, FL 32226

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:

Cassandra Y. Jennings-Smith

Name

10916 Copper Hill Drive

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

Jacksonville Florida 32218

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.*

Cassandra Y. Jennings-Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2021 OCT -4 AM 11:09  
CLERK OF STATE  
JACKSONVILLE, FLORIDA

**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

Cassandra Y. Jennings-Smith  
10916 Copper Hill Drive  
Jacksonville, Florida 32218

MGR

Michael A. Jennings  
1 Kestrel Court  
Irmo, South Carolina 29063

AMBR

Cheryl E. Oliver  
8619 Bermuda Road  
Jacksonville, Florida 32208

(Use attachment if necessary)

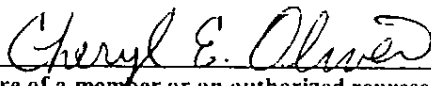
**ARTICLE V:** Effective date, if other than the date of filing: August 1, 2021. (OPTIONAL)

(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.

Cheryl E. Oliver

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)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT -4 AM 11:10

FILED