

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: CWAGNER@GEVAACCOUNTING.COM

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

22 JAN 14 AM 9:05

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2022 JAN 14 PM 2:50

FLORIDA LIMITED LIABILITY CO.  
JMA Group, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

SEBASTIAN CHATHAM

JAN 18 2022

H22000019666

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**JMA Group, LLC**

(Must end with 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:**13900 COUNTY RD 455 STE. 107 #347  
CLERMONT, FL 34711**Mailing Address:**13900 COUNTY RD 455 STE. 107 #347  
CLERMONT, FL 34711**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:

JAMES PROVENZANO

Name

15152 PENDIO DRIVEFlorida street address (P.O. Box **NOT** acceptable)MONTVERDE

City

FL 34756

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)

JAMES PROVENZANO

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ALBANY, N.Y. 12242

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company: (15

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

JAMES PROVENZANO

15152 PENDIO DRIVE

MONTVERDE, FL 34756

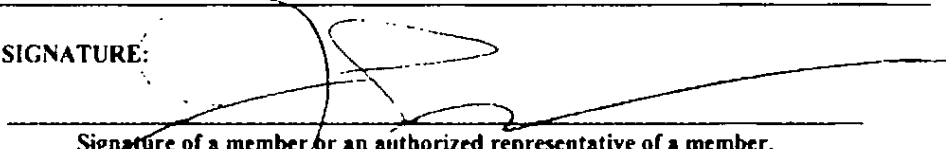
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

JAMES PROVENZANO

Typed or printed name of signer