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**COVER LETTER**

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

**SUBJECT:** 1360 Jamaica, 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:

David M. Platt  
\_\_\_\_\_  
Name of Person

David M. Platt, P.A.  
\_\_\_\_\_  
Firm/Company

2427 Periwinkle Way, Ste B  
\_\_\_\_\_  
Address

Sanibel, Florida 33957  
\_\_\_\_\_  
City/State and Zip Code

david.platt@sancaplaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Platt                      239                      472-5400  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FAX AUDIT NO.:

**ARTICLES OF ORGANIZATION  
OF  
1360 Jamaica, LLC**

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**ARTICLE I**

**NAME**

The name of the limited liability company shall be 1360 Jamaica, LLC (the "Company").

**ARTICLE II**

**MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is:

2427 Periwinkle Way  
Sanibel, Florida 33957

**ARTICLE III**

**EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

Name

Address

SanCap Registered Agents, LLC

2427 Periwinkle Way  
Sanibel, Florida 33957

**ARTICLE V**

**PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FAX AUDIT NO.:

FAX AUDIT NO.:

**ARTICLE VI**

**MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and address of the initial Managers, who shall serve as Managers of the Company until their successor is elected and qualified:

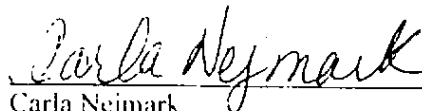
<u>Name</u>	<u>Address</u>
Jozef Nejmark	401 Kelvin Blvd. Winnipeg, Manitoba CANADA R3P0J3
Carla Nejmark	401 Kelvin Blvd. Winnipeg, Manitoba CANADA R3P0J3

**ARTICLE VII**

**OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this \_\_\_\_ day of January, 2022



Carla Nejmark  
Authorized Representative

FAX AUDIT NO.:

FAX AUDIT NO.:


**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: 1360 Jamaica, LLC.
2. The name and address of the registered agent and office is:

SanCap Registered Agents, LLC  
2427 Periwinkle Way, Ste. B  
Sanibel, Florida 33957

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, Florida Statutes.

  
\_\_\_\_\_  
By: Joan E. Platt  
Its: Managing Member

FAX AUDIT NO.: