

L22000336992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

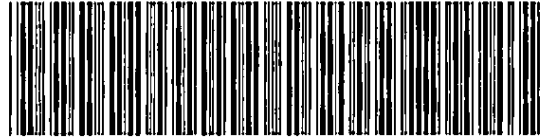
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/11/22--01068--022 **125.00

04/11/22--01068--023 **5.00

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2022 JUN 27 PM 5:49

SECRETARY OF STATE
HALL ASSESSMENT DIVISION

file 727

W22-56884

W22-56884



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2022

JOEROD HAYWARD
JM&CM EXPRESS LLC
1728 VICTORY PALM
EDGEWATER, FL 32132

SUBJECT: JM&CM EXPRESS LLC
Ref. Number: W22000056884

We have received your document for JM&CM EXPRESS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 422A00010123

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JM&CM Express 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:

Joerod Hayward

Name of Person

JM&CM Express LLC

Firm/Company

1728 Victory Palm

Address

New mailing address: 6335 S. William Street

Edgewater, FL 32132

City/State and Zip Code

Port Orange FL 32128

Joerodhayward@yahoo.com

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

For further information concerning this matter, please call:

Joerod Hayward

at (

386

341-5036

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM&CM Express 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:

Mailing Address:

1728 Victory Palm
Edgewater, FL 32132

1728 Victory Palm 6335 S. Williamson
Edgewater, FL 32132 Port Orange, Fl.

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:

Joerod Hayward

Name:

1728 Victory Palm New mailing address: 6335 S. Williamson
Florida street address (P.O. Box NOT acceptable) Port Orange, Fl.

Edgewater FL 32132
City State Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I agree to accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Joerod Hayward
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Joerod Hayward
1728 Victory Palm
Edgewater, FL 32132

New mailing address:

6355 S. Gullstream Blvd. Apt 325
Port Orange, FL 32128

(Use attachment if necessary)

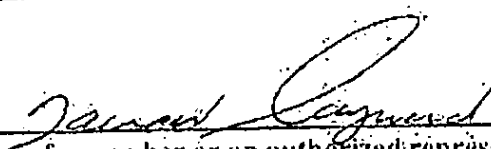
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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.

Joerod Hayward

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)