

To:

Page: 3 of 6

2023-02-13 14:13:22 GMT

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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 : CANYON VIEW SYSTEMS, LLC
Account Number : I20220000118
Phone : (877)757-9877
Fax Number : (888)364-3940

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

Email Address: jamconst@comcast.net

FLORIDA LIMITED LIABILITY CO.

JAM Construction LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

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2/10/2023 12:41:40 PM PAGE 1/001 Fax Server



February 10, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CANYON VIEW SYSTEMS, LLC

SUBJECT: JAM CONSTRUCTION LLC
REF: W23000018260

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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.

Genesis R Kersey
OPS ClerkFAX Aud. #: H23000051721
Letter Number: 223A00003285

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Team JAM Construction LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Joshua A. McCoy

Name of Person

Team JAM Construction LLC

Entity

2122 SE 14th Terrace

Address

Cape Coral, FL 33990

City/State and Zip Code

jamconst@comcast.net

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

For further information concerning this matter, please call:

Joshua A. McCoy

360

556-1152

at (

)

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

DocuSign Envelope ID: 8342B2F8-4164-4885-BFB5-D37831F97D78

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Team JAM Construction 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:2122 SE 14th TerraceCape Coral, FL 339902122 SE 14th TerraceCape Coral, FL 33990

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

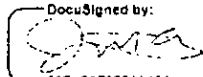
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joshua A. McCoyNAME2122 SE 14th TerraceFlorida street address (P.O. Box **NOT** acceptable)Cape CoralFL33990CityStateZip

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 **his** 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, FS**

DocuSigned by:

Registered Agent's Signature **REQUIRED**

(CONTINUED)

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DocuSign Envelope ID: 8342B2F8-4164-4885-BFB5-D37831F97D78

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

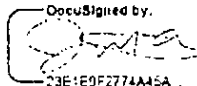
"MGR" = Manager

Name and Address:MGRJoshua A. McCoy2122 SE 14th TerraceCape Coral, 33990______________________________

(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 listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any._____**REQUIRED SIGNATURE:**DocuSigned by:

23E1E0F2774A45A**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.Joshua A. McCoy

Typed or printed name of signer

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)

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