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COVER LETTER

TO:	New Filing Section Division of Corporations				
		ing Consulting, LLC			
SUBJE	СТ:	Name of Limited Liability Company			
The enc	losed Articles of Organization	and fee(s) are subm	itted for filing.		
Please r	eturn all correspondence conc	eming this matter to	the following:		
	Miguel Enrique Jahnck	e			
		Nan	e of Person		
	JMCS Mining Consulting	g, LLC			
		Firm	n/Company		
	1611 Sandpiper Circle				
			Address		
	Weston, FL 33327				
		_	te and Zip Code		
	mjahncke@jmcsminingco		ture annual report notificat	ion)	
- 6.4				,	
For furth	ner information concerning this				
	Miguel Enrique Jahncke	954 at (2580271)		
	Name of Person	Area Co	ode Daytime Telephor	ne Number	
Enclos	ed is a check for the following	amount:			
	5.00 Filing Fee □\$130.0	O Filing Fee & [□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	nassee eet, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	_			
The name of the Limited Liability	y Company is:			
JMCS Mining Consu	lting, LLC			
(Must conta	in the words "Limited	Liability Compar	ıy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ldco of the neingine) c	office of the Limit	ed Liability Company is:	
The mailing address and street ad	idress of the principal c	office of the Bills	and blacking company to	
Princips	al Office Address:		Mailing Address:	
1611 Sandpiper Circl	ė	1	611 Sandpiper Circle	
Weston, FL 33327		<u> </u>	/eston, FL 33327	
			Al Clause Annual	
ARTICLE III - Registered Age	ent, Registered Office,	& Registered A	gent's Signature: st. Vou must designate an individu	al or
(The Limited Liability Company another business entity with an a	cannot serve as its owi	un) I Keĝisieren Agei	nt. You must designate an individu	-
another business entity with all a	ictive i fortua registratio	o,		
The name and the Florida street	address of the registere	d agent are:		
	Miguel Enrique Jahr	Name		
		Name		
	1611 Sandpiper Circ	ele		
	Florida street addre	ss (P.O. Box <u>NO</u>	T acceptable)	
	Weston	FL	33327	
	City	State	Zip	
	•			
Having been named as registered	agent and to accept ser	vice of process for	the above stated limited liability co	ompany at the
I I - :	I becake account the an	naintment as 1291.	rterea ayent ana ayree to act in inis	сириспу. 1
further garge to comply with the p	rovisions of all statutes .	relating to the pry	rper ana complete perjormance of n	ny dunes, and i
am familiar with and accept the ol	bligations of my position	as registenea ap	ent as provided for in Chapter 605,	7 ,17
			/ \	
		\mathbb{R}^{NN}		
	Regis	stered Agent's Si	gnature (REQUIRED)	
	•	' \	•	
		CONTRACT		
		(CONTINUE	נט.	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Miguel Enrique Jahncke MGR 1611 Sandpiper Circle Weston, FL 33327 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: April 10, 2023 _ (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.

Miguel Enrique Jahncke

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)

COVER LETTER

	New Filing Section Division of Corporations		
CLIP ID	JMCS Mining Consulting,	LLC	
SUBJEC	Name of Limit	ed Liability Company	
The enci	osed Articles of Organization and fee(s) are s	submitted for filing.	
Please re	cturn all correspondence concerning this matter	er to the following:	
	Miguel Enrique Jahncke		
		Name of Person	
	JMCS Mining Consulting, LLC		
		Firm/Company	
	1611 Sandpiper Circle		
		Address	
	Weston, FL 33327		
	Cit mjahncke@jmcsminingconsulting.com	y/State and Zip Code	
		or future annual report notification	n)
For furth	er information concerning this matter, please	call:	
	Miguel Enrique Jahncke 954	2580271	
		ea Code Daytime Telephone	Number
Enclose	ed is a check for the following amount:		
□\$125	5.00 Filing Fee Scertificate 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 Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee A, Suite 810

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ARTICLE I - Name: The name of the Limited Liability	v Company is:			
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JMCS Mining Consu	lting, LLC			
(Must contr	in the words "Limited I	iability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal of	ffice of the Li	mited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Ad	dress:
1611 Sandpiper Circl	e		1611 Sandpiper Circle	_
Weston, FL 33327			Weston, FL 33327	
The name and the Florida street	Miguel Enrique Jahn	cke Name		
	Florida street addres	s (P.O. Box 1	OT acceptable)	
	Weston	FL_	33327	-
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the app rovisions of all statutes r bligations of my position	elating to the as registered	egistered agent and agree to opproper and complete perform agent as provided for in Chapsel Signature (REQUIRED)	act in this capacity. The name of my duties, and I
		(CONTIN	OLD,	

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	Miguel Enrique Jahncke 1611 Sandpiper Circle Weston, FL 33327
	
(Use attachment if necessary) RTICLE V: Effective date, if other than the d	ate of filing: April 10, 2023 (OPTIONAL)
an effective date is listed, the date must be date of filing.)	specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	HALL
This document is exe	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Miguel Enriqu	Typed or printed name of signee

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