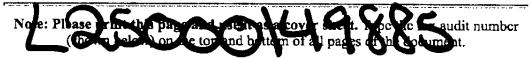
## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



(((H25000124440 3)))



H250001244403ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. JMT FREEPORT LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help



H25000124440

## **COVER LETTER**

	New Filing Se Division of Co			•	
SUBJEC	JMT Free	port LLC			
V <b>02</b> 420		Name of Lin	iited Liabili	ty Company	
The enclo	osed Articles of	Organization and fee(s) are	e submitted	for filing.	
Please ret	um all corresp	ondence concerning this ma	itter to the f	ollowing:	
			Name of	Person	
		<del></del>	Firm/Co	прапу	<del></del>
			Addn	ess	
	inaah@amar		ity/State and	l Zip Code	
	<del></del>	aldarches.com E-mail address: (to be used	for future a	nnual report notificati	ion)
For further	information co	ncerning this matter, please	call:		
		at (		)	
	Nau	ne of Person Ar	ea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
<b>■</b> \$125.00	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section Di	
	P.O. E	lox 6327		2415 N. Monroe Stre	
	Tallah	assee, FL 32314	•	Tallahassee, FL 3230	3

ARTICLE I - Name;

H25000124440

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
JMT Freeport 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:
16392 US-331 S	16392 US-331 S
Freeport, FL 32439	Freeport, Fl. 32439

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:

Capitol Corpor	ate Services, I	inc.
	Name	
515 E. Park Av	enue, 2nd FL	
Florida street address	(P.O. Box <u><b>NOT</b></u> (	acceptable)
Tallahassee	FL	32301
City	State	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..

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

H25000124440

<u> Citle:</u>	Name and Address:
AMBR* = Authorized Member	
MGR" = Manager	
Manager	Jacob Thorley
	16392 US-331 S
	Preeport, FL 32439
<del></del>	
V: Effective date, if other than the	date of filing: (OPTIONAL)
V: Effective date, if other than the extive date is listed, the date must be filing.) he date inserted in this block does nent's effective date on the Department's	e specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not
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