# M0500001089

(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:
W05-9335 W7  Sof Let Office Use Only
Office Use Only



700046454317

02/18/05-01029--019 \*\*155.00

05 MAR -2 PH 1: 43
SELVAL ASSES FLORIDA

Law Offices

## Michael J. Freeman, P.A. 153 Sevilla Avenue Coral Gables, Florida 33134-6006 Email: mfreeman@freemanmiami.com

Reply to: P.O. Box 140668 Coral Gables, Florida 33114-0668

Tel: (305) 442-1567 Fax: (305) 442-1227

February 28, 2005

Mr. Jason Merrick Document Specialist Secretary of State of Florida Florida Department of State P.O. Box 6327 Tallahassee, Fl 32314

RE: JPMS, LLC

Reference Number: W05000009335 Letter Number: 505A00012712

Dear Mr. Merrick:

Pursuant to our conversation today, enclosed please find a photocopy of the Certificate of Good standing dated the 10<sup>th</sup> day of February 2005 from the State of Indiana, Office of the Secretary of State, Certificate of Existence.

The original was sent to your office with the transmittal letter, by federal express on February 17<sup>th</sup>. Since you didn't receive it, apparently the document was lost in transit.

If this is satisfactory please complete the application.

If you have any questions, please contact me.

Thank you.

Very truly yours,

Michael J. Freeman

MJF/ms

05 MAR -2 PM 1:1



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 23, 2005

MICHAEL J. FREEMAN, ESQ. 153 SEVILLA AVENUE CORAL GABLES, FL 33134

SUBJECT: JPMS, LLC

Ref. Number: W05000009335

We have received your document for JPMS, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 505A00012712

05 MAR -2 PH 1:44
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

### FEDERAL EXPRESS NO. 7922 0864 6759

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: JPMS, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Michael J. Freeman, Esq.
(Name of Person)
Michael J. Freeman, P.A.
(Firm/Company)
153 Sevilla Avenue
(Address)
Coral Gables, FL 33134
(City/State and Zip Code)  For further information concerning this matter, please call:
Michael J. Freeman at (305) 442-1567
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  Tallahassee, Florida 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy ONL#

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited	d Lia	ibility Company)			<del></del>
Indiana	3.	30-0124100			
(Jurisdiction under the law of which foreign limited liability company is organized)	y	( FEI number, i	f applicab	ole)	
October 2, 2002	5.	Perpetual		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· .
(Date of Organization)		(Duration: Year limited liab exist or "perpetual")	ility comp	any will c	case to
February 15, 2005					
(Date first transacted business in See sections 608.501 & 608.502 F			-		
153 Sevilla Avenue			<u>-</u>		
Coral Gables, FL 33134			<u> </u>		- , 
(Street Addre	SS O	Principal Office)			
If limited liability company is a manager-manage	ed c	ompany, check here 🗹			
The name and usual business addresses of the ma	anag	ging members or manager	s are as i	follows:	
John M. Peterman			50 <b>%</b>	· .	<u> </u>
John M. Peterman 615 East Brookside Drive			で <b>電</b>	TALL	051
615 East Brookside Drive			Tara Tara Tara Tara Tara Tara Tara Tara	SE GRET	05 MAR
			50 T	TALLAHASS	AR I
615 East Brookside Drive  Crown point, Indiana 46307-4352	  00 da	vs old, duly authenticated by the	official ha	SEURL MASSES	MAR -2
615 East Brookside Drive  Crown point, Indiana 46307-4352  Attached is an original certificate of existence, no more than 9				_ ,,	dy of reco
615 East Brookside Drive  Crown point, Indiana 46307-4352  Attached is an original certificate of existence, no more than 9 ejurisdiction under the law of which it is organized. (A photoco	ору	s not acceptable. If the certificat		_ ,,	dy of reco
615 East Brookside Drive  Crown point, Indiana 46307-4352  Description:  Attached is an original certificate of existence, no more than 9 beginnisdiction under the law of which it is organized. (A photocomulation of the certificate under eath of the translator must be su	opy i ibmi	is not acceptable. If the certificatited.)	eisin a fo	griding SEC	dy of reco
615 East Brookside Drive  Crown point, Indiana 46307-4352  Description:  Attached is an original certificate of existence, no more than 9 beginnisdiction under the law of which it is organized. (A photocomulation of the certificate under eath of the translator must be su	opy i ibmi	is not acceptable. If the certificatited.)	eisin a fo	griding SEC	dy of reco
615 East Brookside Drive  Crown point, Indiana 46307-4352  Attached is an original certificate of existence, no more than 9 ejurisdiction under the law of which it is organized. (A photoconslation of the certificate under oath of the translator must be su	opy i ibmi	is not acceptable. If the certificatited.)	eisin a fo	griding SEC	dy of reco
615 East Brookside Drive  Crown point, Indiana 46307-4352  Description Attached is an original certificate of existence, no more than 9 beginnistiction under the law of which it is organized. (A photocomulation of the certificate under oath of the translator must be su	opy i ibmi	is not acceptable. If the certificatited.)	eisin a fo	griding SEC	dy of reco
615 East Brookside Drive	opy ibmi or j	s not acceptable. If the certificat tted.) promoted in Florida: real	eisin a fo	reign lang	dy of reco

Typed or printed name of signee

John M. Peterman

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability C	ompany is:				
JPMS, LLC	<del></del>					
2. The name	e and the Florida street add	ress of the registered agent and office are:				
	M. J. F. Registered Agent Corp.					
		<u> </u>				
	153 Sevilla Avenue					
	Florida Stree	t Address (P.O. Box NOT ACCEPTABLE)				
	Coral Gables	FL 33134				
		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 608, Florida Statutes.

Michael Freeman President
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

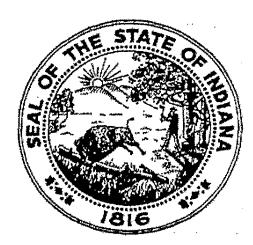
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### JPMS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 02, 2002, and was in existence or authorized to transact business in the State of Indiana on February 10, 2005.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Tenth Day of February, 2005.

TODD ROKITA, Secretary of State

2002101000226 / 2005021054145