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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150003004753ABCZ

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : MONAHAN MIJARES CPA PA  
Account Number : I20050000157  
Phone : (305)407-1438  
Fax Number : (305)397-1003

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

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
JEM & CG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEM & CG, 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:

Roark R. Monahan CPA
Name of Person
Monahan Mijares CPA PA
Firm/Company
75 Valencia Ave #703
Address
Coral Gables, FL 33134
City/State and Zip Code
patricia.ramos@monahanmijares.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan CPA 305 407-1440
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEM & CG, LLC

(Must end with 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:

75 Valencia Ave #703  
Coral Gables, FL 33134

75 Valencia Ave #703  
Coral Gables, FL 33134

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.)

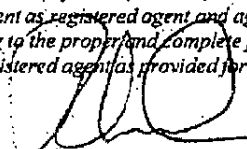
The name and the Florida street address of the registered agent are:

Roark R. Monahan CPA  
Name

75 Valencia Ave #703  
Florida street 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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

Martha Eugenia Jimenez Quintero

75 Valencia Ave #703

Coral Gables, FL 33134

MGR

Viviana Price

75 Valencia Ave #703

Coral Gables, FL 33134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2016 (OPTIONAL)

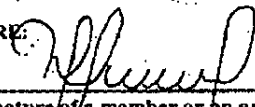
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Purpose: Real Estate Investment and any and all lawful business

**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.

Martha Eugenia Jimenez Quintero

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)

# GreenspoonMarder

ATTORNEYS AT LAW

**To: Division of Corporations**  
Company:  
Fax: 1-850-617-6381  
Phone:

**From: Sharon Sandidge**  
Fax: 954-333-4134  
Phone: 954-761-2934  
E-mail: sharon.sandidge@gmlaw.com

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## NOTES:

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**Date and time of transmission: 12/21/2015 1:59:50 PM**  
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### NOTICE

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