

L25000008094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

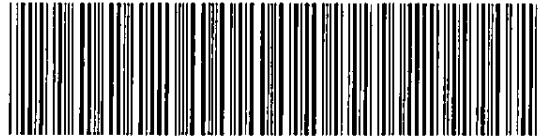
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



800436269388

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2025 JAN -7 AM 9:47

CLARK COUNTY, FL

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2025 JAN -7 PM 3:14

CLARK COUNTY, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature *Jim Kelly*

JAM Family GP, LLC  
Business

#Document

Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copies of the attached articles of Organization.  
\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
X LLC  
\_\_\_\_ Domestication  
\_\_\_\_ INC  
\_\_\_\_ CORP  
\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A.  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ Conversion  
\_\_\_\_ Statement of Authority  
\_\_\_\_ Merger  
\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name  
\_\_\_\_ Statement of Authority  
\_\_\_\_ APOSTIL \_\_\_\_\_

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign Filing  
\_\_\_\_ Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Statement of CORRECTION  
\_\_\_\_ Domestication of a Foreign Corp.

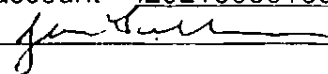
\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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2025 JAN -7 AM 9:47  
TALLAHASSEE, FL

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2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
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JAM Family GP, LLC

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EXAMINER'S INITIALS:                     

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TALLAHASSEE, FL  
STATE

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** JAM Family GP, 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:

Amanda G. Nordelo, Esq.

\_\_\_\_\_  
Name of Person

Jonathan H. Green and Associates, P.A.

\_\_\_\_\_  
Firm/Company

901 Ponce de Leon Boulevard, Suite 601

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda G. Nordelo

305

372-5100

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

2025 JAN -7 AM 9:47  
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAM Family GP, 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:

9418 West Broadview Drive

Bay Harbor Islands, FL 33154

Mailing Address:

9418 West Broadview Drive

Bay Harbor Islands, FL 33154

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:

Jonathan H. Green & Associates, P.A.

Name

901 Ponce de Leon Boulevard, Suite 601

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables

Florida

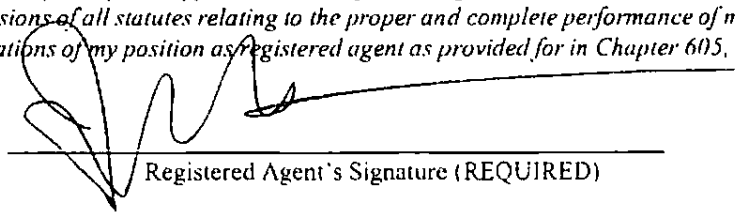
33134

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)

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2025 JAN -7 AM 9:47  
CLERK OF COURT  
JANUARY 7, 2025  
CLERK OF COURT  
JANUARY 7, 2025

**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:**

MGR

JAM Family MGR, LLC  
9418 West Broadview Drive  
Bay Harbor Islands, FL 33154

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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2025 JAN 17 AM 9:47  
TALLAHASSEE, FL  
U.S. TA

**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:**



**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.

Amanda G. Nordelo, Esq.

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)