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(D)-		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
_	<u> </u>	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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17 JAN 31 AH 6: C

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	JAI PEREZ PARTNERS, LLC.	
SODJE		imited Liability Company
The end	closed Articles of Organization and fee(s)	are submitted for filing.
Please r	return all correspondence concerning this	matter to the following:
	JAI PEREZ	
	·	Name of Person
	JAI PEREZ PARTNERS, LLC.	
		Firm/Company
	3500 SW 104th COURT	
		Address
	MIAMI FL, 33165	
	greeneyejai@yahoo.com	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For furth	er information concerning this matter, plea	ase call:
		305 796-7708
		Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:			
The name of the Lin	nited Liability Company is:			
JAI PER	REZ PARTNERS, LLC.			
	(Must end with the words "Limi	ted Liability Company	, "L.L.C.," or "LLC.")	
	_			
ARTICLE II - Add		Laffias af tha Limitad	Linkility Componeries	
The maning address	and street address of the principa	i office of the Limited	Liability Company is.	
	Principal Office Address:		Mailing Address:	
3500 SW	V 104th COURT	3500	0 SW 104th COURT	
MIAMI	FL, 33165	MIA	MIAMI FL, 33165	
(The Limited Liabili another business en	gistered Agent, Registered Officity Company cannot serve as its or tity with an active Florida registral lorida street address of the register	wn Registered Agent. tion.)	nt's Signature: You must designate an individual or	
	JAI PEREZ			
		Name		
	3500 SW 104th C	OURT		
	Florida street addr	ess (P.O. Box NOT a	cceptable)	
	MIAMI	FL	33165	
	City	State	Zin	

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)

Page 1 of 2

17 JAN 31 AM 6: 07
SECRETARY OF SIZE

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	JAI PEREZ
AMDK	3500 SW 104th COURT
•	MIAMI FL, 33165
MCD	IAI DEDEZ
MGR	JAI PEREZ 3500 SW 104th COURT
	MIAMI FL, 33165
	MILMITE, 33103
	
(Use attachment if necessary)	
·	
	of filing: 01-01-2017 (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90 days at
date of filing.)	
	neet the applicable statutory filing requirements, this date will not be listed of State's records
document's effective date on the Department	of State 8 records.
document's effective date on the Department	
document's effective date on the Department of TICLE VI: Other provisions, if any.	
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TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a me	ember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

JAI PEREZ