

L2100002214

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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.
JACKSONVILLEFASTCASHOFFERS.COM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01 05
Estimated Charge	\$125.00

J. FASON
JAN 26 2021

2021 JAN 25 AM 7:41
2021 JAN 25 PM 3:20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACKSONVILLEFASTCASHOFFERS.COM, 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:

7749 NORMANDY BLVD #121-815
JACKSONVILLE, FL 32221

Mailing Address:

5959 MISSION GORGE RD STE 206
SAN DIEGO, CA 92120

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:

LILIAN MICHELLE TRUJILLO

Name

7749 NORMANDY BLVD #121-815

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

JACKSONVILLE FLORIDA 32221

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..

Lilian Michelle Trujillo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JAN 25 AM 7:41

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

LILIAN MICHELLE TRUJILLO
5959 MISSION GORGE RD STE 206
SAN DIEGO CA 92120

(Use attachment if necessary)

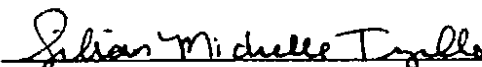
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LILIAN MICHELLE TRUJILLO _____

Typed or printed name of signer

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AJX PROPERTIES FL, 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:

7749 NORMANDY BLVD #121-815
JACKSONVILLE, FL 32221

5959 MISSION GORGE RD STE 206
SAN DIEGO, CA 92120

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.)

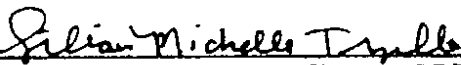
The name and the Florida street address of the registered agent are:

LILIAN MICHELLE TRUJILLO
Name

7749 NORMANDY BLVD #121-815
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FLORIDA 32221
City State Zip

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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

Name and Address:

AMBR

LILIAN MICHELLE TRUJILLO
5959 MISSION GORGE RD STE 206
SAN DIEGO CA 92120

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lilian Michelle Trujillo

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.

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LILIAN MICHELLE TRUJILLO

Typed or printed name of signee

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