ion of Corporations Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000017389 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : T20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

**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.

JA TWO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: JA TWO, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and suger address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 26121 WENDELL ST 26121 WENDELL ST CHANTILLY, VA 20152 CHANTILLY, VA 20152 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:

COSME J. DE LA TORRIENTE, P.A. Name 155 SW 25th RD. Florida street address (P.O. Box NOT acceptable) MIAMI 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.,

/s/ Coame Q. De la Torriente
Registered Agent's Signature (REQUIRED)

(CONTINUED)

- 1	ш	

Page: 4 of 4

2023-01-13 19 18:22 GMT

13053284774

From, Yanet Avila

A I	1	rı	C1	LE.	Г٦	

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	JA INVESTOR GROUP LLC 26121 WENDELL ST CHANTILLY, VA 20152	
MGR	ANIL DHONDI 26121 WENDELL ST CHANTILLY, VA 20152	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be spetthe date of filling.) Note: If the date inserted in this block does not me the document's effective date on the Department of	eific and cannot be more than five leet the applicable statutory filing rec	business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		

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.

ANIL DHONDI

REQUIRED SIGNATURE:

AND THOMAS

Typed or printed name of signee

23 JAN 13 CH