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# **COVER LETTER**

TO: Registration Solution of Co			
SUBJECT:	Jaza Ser v (Name of Limite	CCC5, LLC ed Liability Company)	
The enclosed Articles o	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
	Loraine	7,,,,,	
	NOT WITE	Name of Person)	
		(Firm/Company)	
901	SE 8 Te	smale #4	200 TA:
		(Address)	
Cape	Coral, +	Horida 33	1990 SE N
/	(City	/State and Zip Code)	PA PA
For further information	concerning this matter, please	call:	1: 09 1: 09
1.	7		09
_ LOCAINC_	Camora of Person)	at ( <u>239</u> ) <u>\$39</u> (Area Code & Daytime Te	- 320 8
(114411)	011 010001)	(Allow Code & Daytime 10	repriorie realition)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ΓICLI	E≬.	· Na	me:
The	name	of t	he I	imi

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
901 SE 8 Terrace #4 Cape Coral, Florida 33990	901 SE 8 Terrace #4 Cape Coral, Florida 33990
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Loraine Name	Zamora SSEE
Cape Coral	ress (P.O. Box <u>NOT</u> acceptable)  FL 33990
/ City, State, as	nd 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Loraine Zamora 901 SE 8 Terrace #4
MGRM	Benc Tose Navas  901 SE 8 Terrace #4  Cape Corof, Florida 33990
	SECHETAIN TAIL
	SE 27 P
(Use attachment if necessary)	1AT 09
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior

**REQUIRED SIGNATURE:** 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sene Jose Navas
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)