



L010000016101

ACCOUNT NO. : 072100000032

REFERENCE : 456033 7284246

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pizito

ORDER DATE : September 1, 2001

ORDER TIME : 3:40 PM

ORDER NO. : 456033-001

CUSTOMER NO: 7284246

700004602117--9

CUSTOMER: Mr. Carlos A. Jofre
Mr. Carlos A. Jofre

7430 Miami Lakes Dr.
Apt E301
Miami Lakes, FL 33014

DOMESTIC FILING

NAME: JOFKEY SOLUTIONS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - EXT. 1112

EXAMINER'S INITIALS:

9-20-01

01 SEP 20 AM 10:06
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32304
DIVISION OF CORPORATION

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOFKEY SOLUTIONS, LLC

ARTICLE II - Address:

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

7430 Miami Lakes Drive, E301, Miami Lakes, Florida 33014

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

City, State, and 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.

Corporation Service Company

By:

Laura R. Dunlap

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
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.)

Laura R. Dunlap

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

01 SEP 20 11:10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MANAGING MEMBERS OF JOFKEY SOLUTIONS, LLC

Carlos Jofre, Jr.

7430 Miami Lakes Drive, E301
Miami Lakes, Florida 33014

Tais Lessa

7430 Miami Lakes Drive, E301
Miami Lakes, Florida 33014

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APPROVED
AND
FILED
01 SEP 20 11:10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

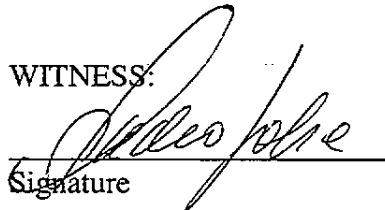
LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of JOFKEY SOLUTIONS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

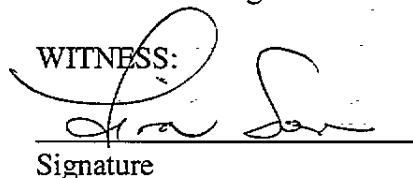
This Limited Power of Attorney is executed on this 10TH day of Sept. , 2001.


Signature

CARLOS JOFRE
Print Name of Signer

WITNESS:

Signature

NADIA JOFRE
Print Name of Witness

WITNESS:

Signature

LINA SOSA
Print Name of Witness

01 SEP 20 2110:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED