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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
5/4	FL	LC





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TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
Division of Corp	portugons		
SUBJECT: Jordan Pro	operties, LLC		
•	(Name of Limited	l Liability Company)	_
	O	Junioral Con Cilina	
The enclosed Articles of	Organization and fee(s) are su	iomitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
Roosevel	t Jordan		
		Name of Person)	<u> </u>
Jordan Properties, LI			
•	(I	Firm/Company)	
PO Box 33-1	181		 .
		(Address)	
Miami	, Florida 33233-1181	State and Zip Code)	
	(City)	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Roosevelt Jordan		at (786) 395-1577	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:
	ration Section on of Corporations	Registration S Division of Co	
409 E.	Gaines Street	P.O. Box 6327	7 -
Tallah	assee, Florida 32399	Tallahassee, F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Jordan Properties, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PO Box 33-1181	PO Box 33-1181
Miami, Florida 33233-1181	Miami, Florida 33233
The name and the Florida street address of the re- Roosevelt Jordan Name	
3480 Day Avenue	
· · · · · · · · · · · · · · · · · · ·	lress (P.O. Box NOT acceptable)
Coral Gables, Florida 33133	FL
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all process of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature :

Page 1 of 2

(CONTINUED)

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

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

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Roosevelt Jordan	
WGIN	3480 Day Avenue	
	Coral Gables, Florida 33133	
(Use attachment if necessary)		
NOTE: An additional article mus	t be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Lon	-01 O	
Signature of a memb	per or an authorized representative of a member.	
(In accordance with s of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	
Roosevelt Jordan		
	yped 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)