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TRANSMITTAL LETTER

•	•		
UBJECT:	J-PEC ENTERPISES, LLC.		
	(Name of	Limited Liability Company)	
The enclosed Articl	es of Organization and fee(s	(s) are submitted for filing.	
	Please return all corres	spondence concerning this matter to the following:	
_	E	EDNER ALDAJUSTE	
		(Name of Person)	
***		(Firm/Company)	
	1	1419 N.W. 80th AVENUE	
		(Address)	
	MARGATE	E FLORIDA 33063-0463	
_		(City/State and Zip Code)	
For further informat	tion concerning this matter,	please call:	
EDNER	ALDAJUSTE	at (754) 368-0463	
	lame of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lin		
	J-PEC ENTER	RPISES, LLC.
ARTICLE II - Add The mailing address	 -	e principal office of the Limited Liability Company
Principal Office Ad	dress:	Mailing Address:
1419 N.W. 80th AVEN	UE =	1419 N.W. 80th AVENUE
MARGATE FLORIDA	A 33063-0463	MARGATE FLORIDA 33063-0463
	gistered Agent, Register orida street address of th	red Office, & Registered Agent's Signature: ne registered agent are:
		ne registered agent are:
	orida street address of th	DAJUSTE STEEL STEE
	orida street address of the	DAJUSTE SALUSTE
	orida street address of the EDNER ALI National N	DAJUSTE SALUSTE

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, Florida Statutes..

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM **EDNER ALDAJUSTE** 419 N.W. 80th AVENUE MARGATE FLORIDA 33063-0463 JUNIAS ALDAJUSTE **MGRM** 1419 N.W. 80th AVENUE MARGATE FLORIDA 33063-0463 **CLUNIE PIERRE** MGRM 1419 N.W. 80th AVENUE MARGATE FLORIDA 33063-0463 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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.) **CLUNIE PIERRE** 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)