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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALL AHASSEE. FLORIDA 2006 JUN 23 PM 12: 57

LAZARUS

CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

•		
	Of	fice Use Only
CORPORATION NAME(S) & DOCUME	ENT NUMBER(S), (if kn	own):
1. JRO, LLC	•	own): LAHASSE
(Corporation Name)	(Document #)	E TIS IS
2	·	ORE S
(Corporation Name)	(Document #)	
3		
(Corporation Name)	(Document #)	₩
4.		
(Corporation Name)	(Document #)	
Walk in Pick up time	06	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit	Amendment Resignation of R.A.,	Officer/Director
Limited Liability	Change of Registere	d Agent
Domestication . Other	Dissolution/Withdra Merger	wal
OTHER ELLINGS	-	A A VIDLO A THON
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership	•
	Reinstatement	
• •	Trademark Other	
	·	,
CR2E031(7/97)		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
1	Cishility Commony is:
The name of the Limited I	Liability Company is: JRo, LLC
•	J.KO, 220
•	
ARTICLE II - Address:	
The mailing address and s	treet address of the principal office of the Limited Liability Company is:
	3 SW 88 PL
10.0	, FL 33157
FIRE	, + = 33/3/
ADTICLE III Decisters	ad America Demistered Office & Demistered Agentic Sidnetures
ARTICLE III - Registere	ed Agent, Registered Office, & Registered Agent's Signature
The name and the Florida	street address of the registered agent are:
,	Sp. W
· .	EDGAR REFOLO
	Name
·	18103 SW 88 PL Pu is
	Florida street address (P.O. Box NOT acceptable)
	MIANI, FL FL 33157
	City, State, and Zip
•	
Having been named as red	gistered agent and to accept service of process for the above stated limited
_	
	ace designated in this certificate, I hereby accept the appointment as registered
_	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
	JA.
	Registered Agent's Signature
Article IV - Manageme	ent (Check box if applicable.)
	ty Company is to be managed by one manager or more managers and is,
therefore, a manager - m	anaged company.
	17
(An add	ditional article must be added if an effective date is requested)
	Signature of a member or an authorized representative of a member.
•	Signature of a Member of 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.)
	EDGAR REFOLD
	DEDMIC CONVIC

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)