Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO. AJJR MANAGEMENT LC

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B. BOSTICK

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5 2011

EXAMINER

H10000002819

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
AJJR MANAGEM (Must end with the words "Limited Liability	ENT LLC ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Malling Address:	
14600 NW 60 AVE Unit B MIAMI LAKES FL 33014	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business craftly with an active Florida registration.)	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re	-	
ARNALDO	CARMOUZE	
1		
<u> 14600 Su</u>	ress (P.O. Box NOT acceptable)	
<u>Miami lakes</u>	FL 330/4 te, and 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 this certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	
Registered Agents Signan (CONTINI Page 1 of 2	JED)	
	0:21 ORIDA	

H10000002319

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	JORGE GOMEZ 19600 SW 60 AVE UNIT B Migmi CAKES FL 33014
MGRM	REGINALDO PERREIRA 14600 SW 60 AVE UNIT B MIGMILLAKES FL 33014
MGRM	Julio LORA 14600 SW 60 AVE UNIT B MIAMI LAKES PL 33014
MGRM	ARNALDO CARMOUZE 14600 SW 60 AVE UNIT B MIAMILAKES FL 32014
(Use attachment if necessary)	
to or 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior the or an authorized representative of a member.
constitutes an affirmation \n I am aware that any false in constitutes a third degree fel	608,408(3), Florida Statutes, the execution of this document order the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State or hony as provided for in s.817.155, F.S.) 10100 CARMOUZE Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Or of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	rganization and Designation CO STATE TO

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