

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400242078924

11/26/12--01006--015 **125.00

EFFECTIVE DATE 01-01-13

FILED

12 NOV 26 PM 1: 10

SLURGIANY OF STATE
AND ASSEE FLORIDA

B. BOSTICK NOV 2 7 2012 EXAMINER (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAZ International LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanna Zhang	
Name of Person	
Firm/Company	<u> </u>
8390 Northwest 26 th Court	
Address	
Cooper City FL 33024	12 NC
City/State and Zip Code joayzh@hotmail.com	2 NOV 26
E-mail address: (to be used for future annual report notification)	3
For further information concerning this matter, please call:	PH -: 10
Joanna Zhang Joanna Zhang 100 100 100 100 100 100 100 100 100 10	0.1
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	atus &

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JAZ International LLC.	The Common of LC 2 - 01 LC 22	
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lie	ability Company is:
Principal Office Address:	Mailing Address:	
8390 Northwest 28 Court	8390 Northwest 26 Court	
Cooper City FL 33024	Cooper City FL 33024	
business entity with an active Florida registration.) The name and the Florida street address of the Joanna Zhang National Manager Science S	address (P.O. Box <u>NOT</u> acceptable)	FILED 12 NOV 26 PH 1: 10 SECRETARY OF STATE
	, State, and Zip	*
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this cap all statutes relating to the proper and compand accept the obligations of my position as	in this certificate, I hereby accept the pacity. I further agree to comply with a polete performance of my duties, and	he appointment as ith the provisions of I I am familiar with

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:

MGRM	Joanna Zhan	<u> </u>	
	8390 Northwe		
	Cooper City,	FL 33024	
MGRM	Yongfang Lor	ng ,	
•	8390 Northwe	est 26 Court	
	Cooper City,	FL 33024	
			TALE SE
			- 52 8
			NOV 26
			- SS - 6
			mg R
	·		三二二
			====
(Use attachment if	ecessary)		,
LE V: Effective da	e, if other than the date of filing: 1	/1/2013	. (OPTIONA
ffective date is list	d, the date must be specific an	d cannot be more th	an five busine
or 90 days after th			
·	0.		
REQUIRED SIGN	ATHE		
RECTIONS IN STREET	ATUKE:		

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joanna Zhang

Typed 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)