Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000146373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694

: (305)633-9696 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. JAZ SERVICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

JAN 2 2 2013

Т. **НАМРТО**М

1/18/2013 Zp:pt E10Z/81/10



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>ARTICLE I</u>

The Name of the Limited Liability Company shall be:

JAZ SERVICE LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

5342 NW 110TH AVENUE DORAL, FL 33178

ARTICLE IV

The Name of The Managing Member (s) shall be:

MGRM ZANDRA REYNOLDS 5342 NW 110TH AVENUE DORAL, FL 33178

ARTICLE V

The name and Florida street address of the registered agent shall be:

ZANDRA REYNOLDS 5342 NW 110TH AVENUE DORAL, FL 33178 DIVISION OF CORPORATION

EMPIRE CORP



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

JAZ SERVICE LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registed agent.

Signature of Registered Agent

Signature of 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)

ZANDRA REYNOLDS
Typed or printed name signee

DIALITY OF STATE OF CORPORALIONS