

L13000033379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

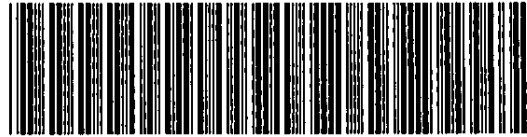
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/13--01019--008 **125.00

Effective Date 4/1/13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -4 PM 12:02

MAR - 5 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAZZ VILLAS 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:

NORMA ARMSTRONG

Name of Person

JAZZ VILLAS LLC

Firm/Company

2924 MAJESTIC ISLE DR

Address

CLERMONT FL 34711

City/State and Zip Code

newhomebynorma@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMA ARMSTRONG at **407** **346 3292**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

Effective Date 4/1/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAZZ VILLAS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2924 MAJESTIC ISLE DR

CLERMONT

FL 34711

Mailing Address:

2924 MAJESTIC ISLE DR

CLERMONT

FL 34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NORMA ARMSTRONG

Name

2924 MAJESTIC ISLE DRI

Florida street address (P.O. Box **NOT** acceptable)

CLERMONT, FL, 34711

FL

City, State, and Zip

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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR	NORMA ARMSTRONG 2924 MAJESTIC ISLE DR CLERMONT FL 34711
MGRM	SEAN ARMSTRONG 2924 MAJESTIC ISLE DR CLERMONT FL 34711
MGRM	ROBERTO MAKSOUD RUA ESTADOS UNIDOS 235, JD AMERICA SAO PAULO SP CEP01428 BRASIL
MGRM	FERNANDA MAKSOUD RUA ESTADOS UNIDOS 235, JD AMERICA SAO PAULO SP CEP01428 BRASIL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 1ST 2013. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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. 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.)

NORMA ARMSTRONG

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)