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(Red	questor's Name)	
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(City	//State/Zip/Phone	o #)
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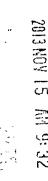
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10/31/13--01013--021 **130.00

Effective Date 11-20-13





COVER LETTER

Division of Co				
SUBJECT: Jone	eva, LLC.			
SUBJECT:		ed Liability Com	pany	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filir	ng.	
Please return all corresp	ondence concerning this matt	er to the followin	g:	
John R	ivera			
		Name of Person		
Joneva	, LLC.			
	,	Firm/Company		
1807 A	irport Blvd			
	<u> </u>	Address		7.0
Melbou	rne, Florida 3	2901		7013 104
ionevallo	c@gmail.com	y/State and Zip Co	de	
jonevane	E-mail address: (to be used to	for future annual re	port notification)	- I
For further information	concerning this matter, please	call:		့ မှ
John River	a	321 at (6763949	~ ~~
Name	of Person	Area Co	de & Daytime Telephone Numb	per
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional ec	Copy Certification Copy is enclosed) Certified	ate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building xecutive Center Circle assee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
Joneva, LLC		
~	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
1807 Airport Blvd	same	
Melbourne, Florida		
32901		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individ	lual or another
Sihol St. Onge		បា
)	Name	adiranty general in assertion
500 Espanola Way		- · ·
Florida stre	et address (P.O. Box NOT acceptable)	ω _ν 22
Melbourne, Florida 3	32901 _{FL}	
Cit	ty, State, and Zip	
United by a second or a sixty of a section	14	

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..

Shal Staufe
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	John Rivera 1807 Airport Blvd	
	Melbourne, Florida 32901	
MGR	Carlos Sarli	
	1899 SW Jamesport Drive	
	Port Saint Lucie, Florida 34953	
		162
		(,s)
		ريس منت
		· 2
MGR	Adrian Perez	
	6043 Lake Pointe Drive Unit 304	· ·
	Orlando, Florida 32822	
		2 2
Use attachment if necessary)	.*
	r than the date of filing: $11/30/13$	
LE V: Effective date, if other	S · ·	OPTIONAL
	ate must be specific and cannot be more than fi	ve business
or 90 days after the date of	filing.)	

(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.)

> John Rivera 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)