

Division of Corporations

Page 1 of 1

L14000030310

Florida Department of State
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.

(((H14000041166 3)))



H140000411663ABCX

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

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

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

Email Address: fpal@fowler-white.com

FLORIDA LIMITED LIABILITY CO.
JADE LLC

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

RECEIVED

14 FEB 21 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 21 AM 7:59

FILED

Electronic Filing Menu

Corporate Filing Menu

Help



February 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOWLER WHITE BURNETT P.A.

SUBJECT: JADE LLC
REF: W14000011434

*Revised and resubmitted
herewith*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L04000065202.

✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000041166
Letter Number: 614A00003917

RECEIVED
14 FEB 21 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit No. II 14000041166 3

ARTICLES OF ORGANIZATION
OF
JADE SOLUTIONS LLC

FILED
14 FEB 21 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the limited liability company formed hereby is JADE SOLUTIONS LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1395 Brickell Avenue, 14th Floor
Miami, FL 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Rabian A. Pal, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

Audit No. H 14000041166 3

Audit No. H14000041166 3

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Veclyf Ltd.
1395 Brickell Avenue, 14th Floor
Miami, FL 33131



Fabian A. Pal,
as Authorized Representative of the Members

STATE OF FLORIDA)


COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Fabian A. Pal, as Authorized Representative of the Member, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 21 day of February 2014.



JUDITH D. RODMAN
MY COMMISSION # FF 046128
EXPIRES: October 18, 2017
Bonded Thru Budget Notary Services



Notary Public
Print Name: JUDITH D. RODMAN
My Commission expires: 10/18/2017

Audit No. H14000041166 3

Audit No. H14000041166 3

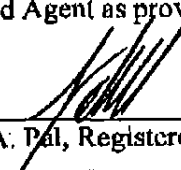
**CERTIFICATE OF DESIGNATION OF RESIDENT AGENT
AND ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is JADE SOLUTIONS LLC.
2. The name and address of the Registered Agent and Office is:

Fabian A. Pal, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

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 605, F.S.



Fabian A. Pal, Registered Agent

Date: Feb. 21, 2014

JADE SOLUTIONS LLC

By: 

Fabian A. Pal,
as Authorized Representative
of the Members

Audit No. H14000041166 3