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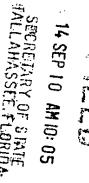
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: JOCO AMELIA COMPANY, LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	•
Please	return all correspondence concerning this n	natter to the following:	
	W. Rodgers Moore, Esq.	Name of Person	
	W. Rodgers Moore, P.A.	Firm/Company	
	1900 Glades Road, Suite 401	Address	
	Boca Raton, FL 33431	City/State and Zip Code	
<u>W</u>	moorelaw@gmail.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ease call:	
W. Ro	dgers Moore, P.A. at (Name of Person	561) 394-7944 Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount: 10 Filing Fee \$\overline{\subset}\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACTICIZES OF ORGANIZATION TOKEL	SINDALE III ED LIABILITI COMI AL	1
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
JOCO AMELIA COMPANY, LLC	,	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and street address of the principal off	ion of the Limited Lighility Commons i	a·
		S.
Principal Office Address:	Mailing Address:	
1800 South Ocean Blvd. Manalapan, FL 33462	1800 South Ocean Blvd. Manalapan, FL 33462	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	tegistered Agent. You must designate a	n individual or
_	gent are:	
W, Rodgers Moore, P.A. Name		
1900 Glades Road, Suite 401 Florida street address (P.O. Box I	NOT acceptable)	·
Boca Raton	FL 33431	
City	Zip	
	the appointment as registered agent and fall statutes relating to the proper and continuous of my position as registered agents of F.S	l agree to act in this complete performance
Registered Agent's Signatu		14 SEP SECREA
(CONTINUE	(D)	P TO SARY
Page 1 of 2	•	ARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JOCO Financial, LLC
	1800 South Ocean Blvd
	Manalapan, FL 33462
(Use attachment if necessary)	
fective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days a
fective date is listed, the date must be sport of filing.) LE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days a
fective date is listed, the date must be sport of filing.) LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days a
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fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days a
fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
rective date is listed, the date must be sport filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
rective date is listed, the date must be sport of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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