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COVER LETTER

	istration Section ision of Corporations	•	
SUBJECT:	JaF	2014, LL	.C
		nited Liability Company	
The enclosed	Articles of Organization and fee(s) ar	e submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
_	NIEVES VII	MAN G.	ABBI
			_
	JEF 20	Firm/Company	C
_		Firm/Company	
_	8562 NL	0 61 S	T.
	•	Address	
_	MIAMI, Culiser & BE E-mail address: (to be used	FL. 3	3166
	, () ()	ity/State and Zip Code	
	F-mail address: (to be used	L L SOUTH	NE 1
Parkata is			
	formation concerning this matter, plea		_
NIEVE	Name of Person	954, 297	-6785
	Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the following amount:		
] \$125.00 Filin	ng Fee \$\Bigcup\\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclos	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Registration Sec	tion
Division of Corporations		Division of Corp	porations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARFICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
J & F 2014, 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: Mailing Address:
8562 NW 61 ST 8562 NW 61 ST
MIAMI FL 33166 PL 33166
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:
ULISES E. RODRIGUEZ
1,4116
5971 W 13 AVE
Florida street address (P.O. Box <u>NOT</u> acceptable)
HIALEAH FL 33012 City Zip
City 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 605, F.S.
Modrique 5
Registered Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED) Page 1 of 2 Page 1 of 2

The name and address of each person au	thorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager B R	NIEVES VIVIAN GABBI 3820 NW 120 WAY SUNRISE, FL 33323
MGR	NIEVES VIUIAN GABBI 3820 NW 120 WAY 5UNRISE, FL 33323
(Use attachment if necessary)	
ICLE VI: Other provisions, if any.	ONE
REQUIRED SIGNATURE:	
(In accordance with section 60 constitutes an affirmation unde I am aware that any false information to the section of the sec	inther or an authorized representative of a member. > 5.0203 (1) (b), Florida Statutes, the execution of this declinent of the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
	VIVIAN GABBI STY
	Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent
\$ 5.00 Certificate of Status (Option	

ARTICLE IV-