## Division lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

from:

Account Name : FILINGS, INC. Account Number : 072720000101

Phone : (850) 385-6735

Fax Number : (954)641-4192

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. JASY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

January 12, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILINGS, INC.

SUBJECT: JASY INVESTMENTS, LLC

REF: W14000076449

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.

Please accept our apology for failing to mention this in our previous letter.

Please list the name of the AMBR on the document.

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. #: H14000296286 Letter Number: 715A00000534

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15 JAN 12 AM 10: 00

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P.O BOX 6327 - Tallahassee, Florida 32314

H14000296286

TALEGRE AND PH 2:45

	TALL CAR
ARTICLES OF ORGANIZATION	NFOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	00E/
The name of the Limited Liability Company is:	
JASY INVESTMENTS, LLC.	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22169 Larkspur Trail	22169 Larkspur Trail
Boca Raton, FL 33433	Boca Raton, FL 33433
Alan C. Gold, Esquire	Name
	Tane
1501 Sunset Drive, 2nd	d Floor
Florida street address (P	.O. Box NOT acceptable)
Coral Gables	FL 33143
City	Zip
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro-	ecept service of process for the above stated limited liability company to accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 105, F.S.
rend	(TIMILED)
(CQr	NTINUED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member	A CONTRACTOR
"MGR" = Manager AMBR	ALAN BERGER 22169 Larkspur Trali
MINIST.	Boca Raton, FL 33433
	000E110(01),1 E 05-00
	<u> </u>
EV: Effective date, if other than the date extive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date extive date is listed, the date must be sp of filing.)  EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be mure than five business days prior to or
E V: Effective date, if other than the date extive date is listed, the date must be sp filling.)  I VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be mure than five business days prior to or
E V: Effective date, if other than the date etive date is listed, the date must be sp filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	mber or an authorized representative of a member.
EV: Effective date, if other than the date extive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation undo	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of periory that the facts stated herein are true.
EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any folse infort	mber or an authorized representative of a member.
EV: Effective date, if other than the date extive date is listed, the date must be sp filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation undo I am aware that any false infort constitutes a third degree felon	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document rathe penalties of perjury that the facts stated herein are true, motion submitted in a document to the Department of State y as provided for in s.817.155. F.S.)
EV: Effective date, if other than the date extive date is listed, the date must be sp filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any folse infort	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document rathe 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.)

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