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(Re	equestor's Name)	•
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

,	TO:	Registration Section Division of Corporations	,	
	SUBJE	ECT: <u>JS INVESTMENT HOLDINGS, L</u> Name of Lii	LC mited Liability Company	
	The end	closed Articles of Organization and fee(s) a	are submitted for filing.	
	Please	return all correspondence concerning this m	natter to the following:	
		JANIS SOULE	Name of Person	
		JS INVESTMENT HOLDINGS, LL		
			Firm/Company	
		391 VELVETEEN PLACE	Address	
		CHULUOTA, FL 32766	City/State and Zip Code	
	AL.	NISSOULE@GMAIL COM E-mail address: (to be use	d for future annual report notifica	ation)
	For furt	ther information concerning this matter, ple	ase call:	
	<u>JANIS</u>	SOULE at (407 <u>970-1565</u> Area Code Daytime Te	lephone Number
	Enclose	ed is a check for the following amount:		
<u>~</u>] \$125.00	0 Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corporat	
		P.O. Box 6327	Clifton Building	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
JS INVESTMENT HOLDINGS, LLC (Must end with the words "L	imited Liability Company, "L.L.C.," or ".	LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Comp	oany is:
Principal Office Address:	Mailing Address:	
391 VELVETEEN PLACE CHULUOTA, FL 32766	391 VELVETEEN PLACE CHULUOTA, FL 32766	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as it another business entity with an active Florida regis	ts own Registered Agent. You must desig	
The name and the Florida street address of the reg	istered agent are:	
JANIS SOULE	N	
	Name	
391 VELVETEEN PLAC Florida street address (P.		
CHULUOTA	FL 327 66	
City	Zip	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	accept the appointment as registered age isions of all statutes relating to the proper	nt and agree to act in this and complete performance
Registered Agent's	Signature (REQUIRED)	15 JAN 23 TALL AHASSE
(CON	TINUED)	55%
Pa	ge 1 of 2	AHIO: 55

<u>Title:</u> "AMBR" = Authorized I "MGR" = Manager		me and Address:	
AMBR	39	NIS SOULE 11 VELVETEEN PLACE	
	<u>C</u>	HULUOTA, FL 32766	
			
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ective date is listed, the o	er than the date of filing:	. (O	PTIONAL) ays prior to or 9
E V: Effective date, if other	er than the date of filing:ate must be specific and ca	. (O	OPTIONAL) ays prior to or 9
EV: Effective date, if other controls in the control of filing.)	er than the date of filing:ate must be specific and ca	. (O	OPTIONAL) ays prior to or 9
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E V: Effective date, if offective date is listed, the confiling.) E VI: Other provisions, if	ate must be specific and ca any. RE: Sor	nnot be more than five business d	ays prior to or 9
E V: Effective date, if offective date is listed, the confiling.) E VI: Other provisions, if REQUIRED SIGNATURES (In accordance constitutes an all am aware tha	are than the date of filing:ate must be specific and ca any. RE: pature of a member or an with section 605.0203 (1) (b ffirmation under the penaltic	authorized representative of a me), Florida Statutes, the execution of sof perjury that the facts stated here tited in a document to the Department	ember. f this document rein are true.
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