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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: JAGUEYCH LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
IVAN ALVAREZ		
	Name of Person	
	Firm/Company	
52 W 42 STREET	Address	
	Addless	
HIALEAH, FL 33012	City/State and Zip Code	
igguayah@yahaa aa	ed for future annual report notific	ation)
For further information concerning this matter, ple	ease call:	
IVAN ALVAREZ at (786) 216-3259	L. L XV L.
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	□\$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	Street/Courier Add	ress
Registration Section	Registration Section	tions

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
JAGUEYCH, LLC			
(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office.	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
52 W 42 STREET HIALEAH, FL 33012	52 W 42 STREET HIALEAH, FL 33012		
(The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered as IVAN ALVAREZ Name		2015 JAN	-71
52 W 42 STREET	ار المال ال	~ ~	
Florida street address (P.O. Box N	NOT acceptable)	, i	m
HIALEAH	FL 33012	; ₽	O
City	Zip	, 'S	
	the appointment as registered agent and agree to act in fall statutes relating to the proper and complete perforgations of my position as registered agent as provided r 605, F.S DRESICEN THE (REQUIRED)	n this rmance	

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	11/AA1 ALD/ADE7
PRESIDENT	IVAN ALVAREZ
	52 W 42 STREET
	HIALEAH, FL 33012
VP	GABRIELA CASANOVA
	52 W 42 STREET
	HIALEAH, FL 33012
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	he date of filing: (OPTIONAL)
ICLE V: Effective date, if other than t effective date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) ICLE VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.)	t be specific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 days a
ICLE V: Effective date, if other than to effective date is listed, the date must ate of filing.) ICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature (In accordance with sec constitutes an affirmatic I am aware that any false constitutes a third degree.	t be specific and cannot be more than five business days prior to or 90 days a

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-