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FALLABASSEE, FLORING

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COVER LETTER

Registration Section

TO:

orporations			
JVC FRAN	NCO 11, LLC		
Name of Li	mited Liabilit	y Company	
of Organization and fee(s) a	re submitted f	or filing.	
pondence concerning this m	natter to the fo	llowing:	
	Nicola Brand	ciforte	
	Name of I	Person	
1/	C FRANCO	11, LLC	
	Firm/Con	ıpany	
6	01 West Flag	ler Street	
	Addre	SS	
	Miami, FL 3	3130	
•	City/State and	Zip Code	
adı	min@jvcfranc	co.com	
E-mail address: (to be use	d for future ar	nual report notificati	on)
concerning this matter, pleas	se call:		
	786	409 - 6896	
	Area Code	Daytime Telephone	e Number
the following amount:			
\$130.00 Filing Fee & Certificate of Status	Certifie	d Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
stration Section sion of Corporations Box 6327	I I	Registration Section Division of Corporati Clifton Building	
	Address: (to be use concerning this matter, pleaded Branciforte at (JVC FRANCO 11, LLC Name of Limited Liability of Organization and fee(s) are submitted for pondence concerning this matter to the form Nicola Branco Name of Franco Firm/Con 601 West Flag Address Miami, FL 3 City/State and admin@jvcfranco E-mail address: (to be used for future and econcerning this matter, please call: cola Branciforte 786 at (JVC FRANCO 11, LLC Name of Limited Liability Company of Organization and fee(s) are submitted for filing. pondence concerning this matter to the following: Nicola Branciforte Name of Person JVC FRANCO 11, LLC Firm/Company 601 West Flagler Street Address Miami, FL 33130 City/State and Zip Code admin@jvcfranco.com E-mail address: (to be used for future annual report notification concerning this matter, please call: cola Branciforte at (

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of	I - Name: [°] the Limited Liability Compa	mu ici			
The name of	the Linned Liability Compa	my is:			
r	WO ED ANIOO 11 I.I.O				
<u>,</u>	VC FRANCO 11, LLC	words "Limited	L ighility Compa	iny, "L.L.C.," or "LLC.")	
	(Made one with the	moras Emmee	in isaconity Compa	illy, bibles, or bbc.)	
	II - Address: address and street address of	the principal o	ffice of the Limit	ed Liability Company is:	
	Principal Office	Address:		Mailing Addre	ess:
6	501 West Flagler Street		60	1 West Flagler Street_	
	Miami, FL 33130			liami, FL 33130	
_					
ADTICLE	III - Registered Agent, Regi	stand Office	C. Damintanad A.	41- Ci	
(The Limited	d Liability Company cannot s	erve as its own	& Kegisteren Ag Registered Agen	g ent's Signature: t. You must designate an ind	lividual or
another busi	iness entity with an active Flo	orida registratio	n.)	t. Tou must designate an mu	TVIGUAL OF
		•			
The name an	d the Florida street address of	of the registered	l agent are:		
	Nicola	a Branciforte			
			Name		
	601 V	Vest Flagler Str	eat		
			s (P.O. Box <u>NO7</u>	'accentable)	
			5 (1.10. Box <u>1.10.</u>	acceptante)	
	<u>Miami</u>		FL	33130	
		City	State	Zip	
Havina haan u	named as registered agent and	l to againt gami	as of manager for	the above stated limited limits	l'
place designat	ted in this certificate, I hereby	accept the app	ce oj process jor i vintment as regist	ne aoove siaiea iimiiea iiaoii ered aoent and aoree to act ii	ny company at the n this canacity I
further agree t	to comply with the provisions	of all statutes re	lating to the prop	er and complete performance	e of mv duties, and I
am familiar wi	ith and accept the obligations	of my position a	as fegist <mark>ered</mark> ager	nt as provided for in Chapter	605, F.S.
			V-1-		
		/	1 1 1	•	
		Registe	ered Agent Sign	nature (REQUIRED)	<u> 20</u> 00
				The state of the s	
			(CONTINUED		

Page 1 of 2

MGR Nicola Branciforte 601 West Flagler Miami, FL 33130 MGR Rafael Belloso 601 West Flagler Street Miami, FL33130 AMBR JVC Franco LLC (o)1 West Flaglev Street Niami, FL 33130 (Use attachment if necessary) E V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to or	<u>Title:</u> "AMBR" = A "MGR" = Ma	uthorized Member	Name and Address:	
MGR Rafael Belloso 601 West Flagler Street Miami, FL 33130 ANBR JVC Franco LLC (601 West Flagler Street Miami, FL 33130 ANBR JVC Franco LLC (601 West Flagler Street Miami, FL 33130 ANBR (Use attachment if necessary) EV: Effective date, if other than the date of filing: (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or if filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this doconstitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Nicola Branciforte Typed or printed name of signce Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)				
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ARTICLE IV-

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