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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

Divi	sion of Corporations
SUBJECT:	JVC FRANCO 8, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Nicola Branciforte
_	Name of Person
	JVC FRANCO 8, 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)
For further info	ormation concerning this matter, please call:
	Nicola Branciforte 786 409 - 6896
_	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filir	rig Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liabili	ity Company is:			
JVC FRANCO 8, L	LC		•	
		d Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Lir	nited Liability Company is:	
<u>Princi</u>	nal Office Address:		Mailing Address:	
601 West Flagler St	reet		601 West Flagler Street	
Miami, FL 33130			Miami, FL 33130	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	n Registered Ag on.)	ent. You must designate an individual or	温温
	Nicola Branciforte	_		THE D
	Media Bianchore	Name		型 3 日
	601 West Flagler St	reet		10 20 20 20 20 20 20 20 20 20 20 20 20 20
	Florida street addre		OT acceptable)	-
	Miami	FL	33130	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the app rovisions of all statutes t bligations of my position	pointment as reg relating to the p as registered	or the above stated limited liability comparistered agent and agree to act in this caparoper and complete performance of my duigent as provided for in Chapter 605, F.S	icity. I
		CONTINU	ED)	

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Nicola Branciforte
	601 West Flagler Miami, FL 33130
MGR	Rafael Belloso 601 West Flagler Street Miami, Fl33130
AMBR	JVC Franco, U.C. (O) West Flagler Strect Miami 1 FL 23/30
effective date is listed, the date must e of filing.)	ne date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department's effective	s not meet the applicable statutory filing requirements, this date will not be tment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Department's effective	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. If a member or an authorized representative of a member. th section 605,0203 (1) (b), Florida Statutes, the execution of this documen rmation under the penalties of perjury that the facts stated herein are true. By false information submitted in a document to the Department of State