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LAZARUS

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. INVESTMENT PROPERTY J.A.M LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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16 MAY 18 PM 12: 58

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May 18, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations
LAZARUS CORPORATE FILING SERVICES, INC.

SUBJECT: INVESTMENT PROPERTY JAM, LLC
REF: W16000035589

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.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Lee Yarbrough

Regulatory Specialist II Supervisor

FAX Aud. #: H16000119170

Letter Number: 316A00010282

PLEASE Review as BOTH
SIGNATURES ARE PRESENT
IN THE ORIGINAL DOC.

THANKS

P.O BOX 6327 - Tallahassee, Florida 32314

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16 MAY 18 PM 12:58

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ARTICLES OF ORGANIZATION 16 MAY 18 PM 12:58
FOR
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Investment property J.A.M LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

9907 NW 9 St Circle Apt 2-20
Miami Florida 33172

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

JOSE ARTURO MOTA REYES.
9907 NW 9 ST Circle
Apt 2-20 Miami FL 33172

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

JOSE ARTURO MOTA REYES
(AMBR)

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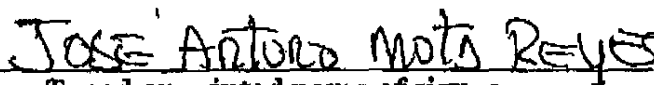
Required Signatures:



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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.



Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

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