1160000094555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800285687588

05/13/16--01017--011 **160.00

16 MAY 13 PM 12: 17

MAY 17 2016 S. GILBERT



. *

Div	ision of Corporations
SUBJECT:	Jesus Moving, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Luis Ołmedo Orozco
•	Name of Person
	Jesus Moving, LLC
-	Firm/Company
	I Flagami Blvd
-	Address
	Miami, FL 33144
je	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
1	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:
\$125.00 Fili	ng Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

TO:

Registration Section

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ility Company is:			ED
Jesus Moving, LL	С			16 MAY 13 PM 12: 1
(Must er	nd with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited	Liability Company is:	STATE STATE STATE
Princ	cipal Office Address:		Mailing Addre	<u>ess</u> :
11 Flagami Blvd		11 F	lagami Blvd	
Miami, FL 33144		Miar	ni, FL 33144	
	Luis Orozco			
The name and the Florida stre	et address of the registere	d agent are:		
	Luis Orozco			
	Edis Olozeo			
		Name		
	11 Flagami Blvd			
	11 Flagami Blvd Florida street addres	ss (P.O. Box <u>NOT</u> ac	-	
	11 Flagami Blvd Florida street addres Miami	ss (P.O. Box <u>NOT</u> ac FL	33144	
	11 Flagami Blvd Florida street addres Miami City	ss (P.O. Box NOT ac FL State	33144 Zip	
aving been named as registere ace designated in this certifica rther agree to comply with the n familiar with and accept the	11 Flagami Blvd Florida street address Miami City ed agent and to accept servete, I hereby accept the approvisions of all statutes republications of my position	State State price of process for the pointment as registere relating to the proper	33144 Zip above stated limited liabiled agent and agree to act in and complete performance is provided for in Chapter in	n this capacity. I e of my duties, and I

<u>l'itle:</u> 'AMBR" = Authori	zed Member	Name and Address:
"MGR" = Manager		
MGR		Luis Ołmedo Orozco
		11 Flagami Blvd
		Miami, FL 33144
AMBR		Oscar Ernesto Olmedo
		11 Flagami Blvd
		Miami, FL 33144

EV: Effective date, ctive date is listed, filing.) the date inserted in	if other than the date of the date must be speci this block does not me	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9 et the applicable statutory filing requirements, this date will no
E V: Effective date, ective date is listed, of filing.) the date inserted in ment's effective date	if other than the date of the date must be speci this block does not me on the Department of	et the applicable statutory filing requirements, this date will no
of filing.) the date inserted in	if other than the date of the date must be speci this block does not me on the Department of	et the applicable statutory filing requirements, this date will no
EV: Effective date, ective date is listed, of filing.) the date inserted in ment's effective date	if other than the date of the date must be speci this block does not me on the Department of ms, if any.	et the applicable statutory filing requirements, this date will no
E V: Effective date, ective date is listed, of filing.) the date inserted in ment's effective date E VI: Other provision	if other than the date of the date must be speci this block does not me on the Department of ins, if any. ATURE: Signature of a mem	et the applicable statutory filing requirements, this date will no State's records. State's records.
EV: Effective date, ctive date is listed, filling.) the date inserted in ment's effective date EVI: Other provision	if other than the date of the date must be speci this block does not me on the Department of ins, if any. ATURE: Signature of a mem is document is executed	et the applicable statutory filing requirements, this date will no State's records. State's records. For or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, ctive date is listed, filing.) the date inserted in nent's effective date E VI: Other provision	if other than the date of the date must be special this block does not ment on the Department of the on, if any. ATURE: Signature of a mem is document is executed a ware that any false in	et the applicable statutory filing requirements, this date will no State's records. State's records.
E V: Effective date, ective date is listed, of filing.) the date inserted in ment's effective date E VI: Other provision	if other than the date of the date must be special this block does not ment on the Department of the on, if any. ATURE: Signature of a mem is document is executed a ware that any false in	State's records. State's records. For or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
E V: Effective date, ective date is listed, of filing.) the date inserted in ment's effective date E VI: Other provision	if other than the date of the date must be specitive this block does not meet on the Department of the on the Department of the signature of a mem is document is executed a ware that any false institutes a third degree for the date of the signature of the signa	State's records. State's records. For or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
E V: Effective date, ective date is listed, of filing.) the date inserted in ment's effective date E VI: Other provision	if other than the date of the date must be specitive this block does not meet on the Department of the on the Department of the signature of a mem is document is executed a ware that any false institutes a third degree for the date of the signature of the signa	et the applicable statutory filing requirements, this date will not State's records. State's records. For or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.