## LIGUUDIRYY 28

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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T. SCOTT



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	JOKS-3 Homes LLC	
SUBJE		nited Liability Company
The enc	closed Articles of Organization and fee(s) are	submitted for filing.
Please r	return all correspondence concerning this ma	tter to the following:
	Joseph and Yvette Someillan	•
		Name of Person
		Firm/Company
	3431 SW 107 Ave	
		Address
	Miami Fl, 33165	
	C yvette_someillan@hotmail.com	ity/State and Zip Code
		for future annual report notification)
For furth	ner information concerning this matter, please	cail:
	Yvette Duran Someillan 30	
	at (at (	rea Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
	00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & Sertificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address  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

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
JOKS-3 Homes LLC (Must end		d Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limit	ted Liability Company is:
Princip	al Office Address:		Mailing Address:
3431 SW 107 Ave, 1	Miami, FL 33165		431 SW 107 Ave, Miami, FL 33165
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	Registered Agen on.)	gent's Signature: nt. You must designate an individual or
	Yvette Duran Somei	llan Name	
	2421 537 107 4	Tunio	
	3431 SW 107 Ave Florida street addres	s (P.O. Box <u>NO</u>	Cacceptable)
	Miami	FL	33165
	City	State	Zip
place designated in this certificate further agree to comply with the p	, I hereby accept the app rovisions of all statutes r bligations of my position	ointment as regist elating to the prop as registered ages	the above stated limited liability company at the tered agent and agree to act in this capacity. I per and complete performance of my duties, and I nt as provided for in Chapter 605, F.S  mature (REQUIRED)
		(CONTINUEI	D)
		Page 1 of 2	

16 JUN 28 AM Q.

"AMDD" - A	uthorized Member	Name and Address:
"MGR" = Ma		Incanh I Somaillan
AMBR		Joseph J, Someillan 10966 SW 28 St
		Miami, FL 33165
AMBR		Yvette Duran Someillan
		10966 SW 28 St
		Miami, FL 33165
		· · · · · · · · · · · · · · · · · · ·
CLE V: Effective  ffective date is le  e of filing.)	isted, the date must be speci	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 day  of the applicable statutory filing requirements, this data will not be
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Page 2 of 2