L17000041389

(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:				





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× 02/3/17

COVER LETTER

3

TO:	New Filing Section Division of Corporations		
SUBJE	JAYMAYL , LLC.		
30030		mited Liability Company	_
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please r	return all correspondence concerning this m	natter to the following:	
	mercedes b febles		
		Name of Person	
	mercedes b febles		
		Firm/Company	
	4021 sw 153 ct		
		Address	
	miami fl 33185		
	michelperez@bellsouth.net	City/State and Zip Code	
		d for future annual report notification)	
For furth	ner information concerning this matter, plea	se call:	
	mercedes b febles	9860424	
		Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:		
\$125.0	90 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status}	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:			
The name of the Limited Liaoni	ly Company is.			
JAYMAYL, LLC				
(Must cont	ain the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the L	imited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Ad	dress:
4021 SW 153 CT			4021 SW 153 CT	
MIAMI FL 33185			MIAMI FL 33185	
	mercedes B febles	Name		
	4021 SW 153 CT			
	4021 SW 153 CT Florida street address (P.O. B			
	MIAMI	F	33185	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e, I hereby accept the app provisions of all statutes r bligations of my position	ecintment as relating to the as registered	egistered agent and agree to c proper and complete perform	ict in this capacity. T ance of my duties, and I
		(CONTIN	(UED)	

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MICHEL O PEREZ
	4021 SW 153 CT
	MIAMI FL 33185
MGR	MERCEDES B FEBLES
	4021 SW 153 CT
	MIAMI FL 33185
MGR	AYLEC M SARDUY
	11785 SW 187 ST
	MIAMI FL 33187
MGR	AYMET M PEREZ
	4021 SW 153 CT
	MIAMI FL 33185
(If an effective date is listed, the date must be sthe date of filing.)	te of filing: 02/14/2017 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed a nt of State's records.
REQUIRED SIGNATURE:	Alle
This document is exec I am aware that any fa	
	Typed or printed name of signee

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)