L17000108853

| (Requestor's Name) |
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| (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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Office Use Only



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SECMETARY OF STATI FALLAHASSEE, FLORIC

MAY 18 PM 2: 3

C. GOLDEN MAY 1 8 2017.



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office Use Only

| CORPORATION NAME(S) | ጼ | DOCUMENT | NUMBERS | (5) | ١ |
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| |] Walk-In | Pick up time: | _ U Certifie | d Copy 🔲 Certifica | te Of Sta | tus | |

| | New Filings |
|---|-------------------|
| | Profit |
| | Non-Profit |
| X | Limited Liability |
| | Other: |
| | |

| Amendments |
|------------------------|
| Amendments |
| Resignation |
| Dissolution/Withdrawal |
| Other: |

| Other Filings. |
|-----------------|
| Annual Report |
| Fictitious Name |
| Apostille: |
| Other: |

| Examiners | Initials | |
|-----------|----------|--|



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2017

EXPRESS CORPORATE FILING SERVICES

being returned for the following correction(s):

SUBJECT: J-CO HOLDINGS LLC Ref. Number: W17000040655

We have received your document for J-CO HOLDINGS LLC and your check(s)

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

totaling \$155.00. However, the enclosed document has not been filed and is

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 417A00009476

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2017 MAY 18 PM 2:38

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE.FLORIDA

J-OC HOLDINGS GROUP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|-----------------------|
| 8660 Southampton Drive | 7360 Coral Way Ste 21 |
| Miramar, FL 33025 | Miami, FL 33155 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.)

The name and the Florida street address of the registered agent are:

| NICOLE DUNCOMBE_ | | | | |
|--|-------|-----|--|--|
| Name | | | | |
| 8660 SOUTHAMPTON DRIVE | | | | |
| Florida Street address (P.O. Box NOT acceptable) | | | | |
| MIRAMAR FL 33025 | | | | |
| City | State | Zip | | |

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

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|---|
| AMBR & MGR | Nicole Duncombe |
| | 8660 Southampton Drive |
| | Miramar, FL 33025 |
| | |
| AMBR & MGR | Jonathan Richardson |
| | 8660 Southampton Drive |
| | Miramar, FL 33025 |
| | Transition, T. D. |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe prior to or 90 days after the date of filing.) | |
| Note: If the date inserted in this block does not mee will not be listed as the document's effective date or | t the applicable statutory filing requirements, this date in the Department of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| Nicole Duncombe - 50% | |
| Jonathan Richardson – 50% | |
| | |
| | |
| REQUIRED SIGNATURE: | SEC! |
| | SECRETARI ALLAHASSI |
| Signature of a member or an autho | rized representative of a member. |

NICOLE DUNCOMBE

Typed or printed name of signee

Statutes. 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.