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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ACCOUNTING & TAX SERVICES OF SOUTH FL
Account Number : I20170000071
Phone : (305)669-5115
Fax Number : (305)669-5117

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: qigalaw@ACCOUNTINGTAXFL.COM

FLORIDA LIMITED LIABILITY CO.
LJCA COMPANY LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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17 OCT -3 PM 12:14
DIVISION OF CORPORATIONS
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17 OCT -3 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LJCA COMPANY LLC

(Must contain 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:

3370 HIDDEN BAY DRIVE
SUITE 506
AVENTURA, FL US 33180

Mailing Address:

3370 HIDDEN BAY DRIVE
SUITE 506
AVENTURA, FL US 33180

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:

LINA DE CASTRO ALMENDRA

Name

3370 HIDDEN BAY DRIVE, SUITE 506

Florida street address (P.O. Box **NOT** acceptable)

AVENTURA

FL

33180

City

State

Zip

I 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)

(CONTINUED)

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ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

LINA DE CASTRO ALMENDRA
3370 HIDDEN BAY DRIVE, SUITE 506
AVENTURA, FL 33180

JULIANA ALMENDRA FARIA
3370 HIDDEN BAY DRIVE, SUITE 506
AVENTURA, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida 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.

LINA DE CASTRO ALMENDRA

Typed or printed name of signer

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)

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