

# L180000097647

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000120795 3)))



H180001207953ABCO

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED  
18 APR 20 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : UNITED CORPORATE SERVICES, INC.  
Account Number : T20140000100  
Phone : (914)949-9188  
Fax Number : (914)949-9618

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

Email Address: phoppenfeld@gmail.com

FLORIDA LIMITED LIABILITY CO.  
JJVIP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

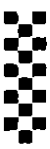
RECEIVED  
2018 APR 20 AM 11:20  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help  
N CULLIGAN

APR 20 2018



April 20, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

UNITED CORPORATE SERVICES

SUBJECT: JJVIP, LLC  
REF: W18000037693

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H18000120795  
Letter Number: 518A00008066

(((H18000120795 3)))

**FILED****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****18 APR 20 PM 3:23****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**JJVP, 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:Mailing Address:1060 Woodcock Road1060 Woodcock RoadSte 128 #17793Ste 128 #17793Orlando, FL 32803-3607Orlando, FL 32803-3607**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:

JJ Virgin

Name

1060 Woodcock Road - Ste 128 #17793Florida street address (P.O. Box **NOT** acceptable)OrlandoFL32803-3607

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)

(CONTINUED)

(((H18000120795 3)))

(((H18000120795 3)))

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JJ Virgin

1060 Woodcock Road - Ste 128 #17793

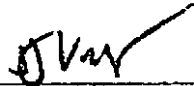
Orlando, FL 32803-3607

FILED  
18 APR 20 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.

JJ Virgin

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)

(((H18000120795 3)))