1800155539

(Re	equestor's Name)	
(Ac	idress)	
(Äc	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

M. MOON Jun 2 7 2018



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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/26/2018	<u>3</u>	**WALK
ENTITY NAME	JUPISLES3 LLC	•
DOCUMENT NUMB	ER	144.
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
	Certificate of Status	18 JUH
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*	26
	Certified Copy of Arts & Amendments Certificate of Good Standing	5 6 18
	APOSTILLE' / NOTARIAL CERTIFICATION	JUN 26 AH
COUNTRY OF DEST NUMBER OF CERTIN	TINATIONFICATES REQUESTED	
TOTAL OWED 155	.00 снеск # 4972	
Please call Tina i	at the above number for any issues or concerns. Thank y	oa so much!

COVER LETTER

TO: New Filing Section Division of Corporations		
Jupisles3 LLC SUBJECT:		
Name of Limit	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Dolores Burton		
	Name of Person	
United Corporate Services, Inc		
	Firm/Company	-
100 State Street, Suite 800		
	Address	
Albany, NY 12207		
•	y/State and Zip Code	
rjjgb4@gmail.com		
E-mail address: (to be used fo	or future annual report notification)	<u>ن</u> م
For further information concerning this matter, please of	call:	
21./)	ריי דיי
	a Code Daytime Telephone Numb	er R II
Enclosed is a check for the following amount:		 `
\$130.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee, rificate of Status & tified Copy ional copy is enclosed)
Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Jupisles3 LLC (Must	contain the words "Limited	Liability Company,	"L.L.C.," or "L.LC.")			
ARTICLE II - Address:						
	eet address of the principal o	ffice of the Limited	Liability Company is:			
<u>Pri</u>	ncipal Office Address:		Mailing Addr	ess:		
350 Beach Road						
Tequesta, FL 3,	3469					
APTICLE III. Pagistoras	Agent, Registered Office,	6. Dagistared Laga	t's Signatura:			
(The Limited Liability Com	pany cannot serve as its own	Registered Agent, Y		lividual or		
another business entity with	an active Florida registratio	on.)				
The name and the Florida st	reet address of the registered	l agent are:		<u> </u>	<u>-1</u> 8	
				· '	_	12-45
	Russ Brandon				\equiv	3
	Russ Brandon	Name			JUN 2	ا - ــــ ر
	Russ Brandon 350 Beach Road	Name			Q)	
			cceptable)		Q)	
	350 Beach Road	s (P.O. Box <u>NOT</u> ac	eceptable)	<u> </u>	Q)	
	350 Beach Road Florida street addres	s (P.O. Box <u>NOT</u> ac	zeceptable)	\$	JUN 26 AM 11: 05	
place designated in this certifi further agree to comply with t	350 Beach Road Florida street addres Tequesta, FL 33469	s (P.O. Box <u>NOT</u> ac State ice of process for the ointment as registere elating to the proper	Zip above stated limited liabi, d agent and agree to act i and complete performanc	n this capacity. e of my duties, a	6 AH 11: 05	
place designated in this certifi further agree to comply with t	350 Beach Road Florida street addres Tequesta, FL 33469 City red agent and to accept servi cate, I hereby accept the appe	s (P.O. Box <u>NOT</u> ac State ice of process for the cointment as registere elating to the proper as registered agent a	Zip above stated limited liabi, d agent and agree to act i and complete performanc	n this capacity. e of my duties, a	6 AH 11: 05	

Αl	КT	IC	LE	I٧	
Th		. a m		nd	

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Russ Brandon 350 Beach Road	
	Tequesta, Fl. 33469	
		entered entered the
(Use attachment if necessary)		
the date of filing.)	and cannot be more than five business days prior to or 90 day are applicable statutory filing requirements, this date will not be	
ARTICLE VI: Other provisions, if any.		_
REQUIRED SIGNATURE:		-
s/s Russ Bi	randon	
This document is executed in a I am aware that any false inform	or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	
Russ Br	<u> </u>	
Тур	ed 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)