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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

JP Resolutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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To: 18506176381 From: 14694451465 Date: 09/26/18 Time: 2:39 PM Page: 03/04

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	ARTICLES O	FORGANIZATION POF	R FLORIDA LIM	ITTED LIABILITY COMPAI	ΝY	
ARTICL	E I - Name:					
The name	of the Limited Liabili	ty Company is:				
	15 Barabatian 11 C					
	JP Resolutions, LLC		Linkith, Com	pany, "L.L.C.," or "LLC."	· · · · · · · · · · · · · · · · · · ·	
	(Musi con	ain the words Limited	Linointy Com	pany, L.E.C., Dr. DEC.		
ARTICL	E II - Address:					
The maili	ng address and street a	ddress of the principal i	office of the Li	mited Liability Company is	<b>::</b>	
	Principal Office Address:			Mailing Address:		
	11090 Marin Street,	Coral Uzbles, FL 331:	56	11090 Marin Street Corul	Gables, FL 33156	
(The Limi	ted Liability Company	ent, Registered Office, cannot serve as its own active Florida registration	Registered Ag	Agent's Signature: gent. You must designate as	n individual or	
The name	and the Florida street	address of the registere	d agent are:			
		Jorge Pastoriza			_	
			Name		_	
		11090 Marin Street			_	
		Plorida street addres	s (P.O. Box <u>N</u>	OT acceptable)		
		Coral Gables	Florida	33156		
		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 on familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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To: 18506176381 From: 14694451465 Date: 09/26/18 Time: 2:39 PM Page: 04/04

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Title:	Name and Address:	
"AMBR" - Authorized Member		
*MOR" = Manager AMBR	Forge Pastoriza	
	11090 Marin Street	
	Coral Gables, FL 33156	
MGR	Jorge Pastoriza	
WOK	L1090 Marin Street	
	Coral Gables, Ft. 33156	
(Use attachment if necessary)		
EV: Effective date, if other than the detective date is listed, the date must be	specific and cannot be more than five business mays prior to or 30 mays or t meet the applicable statutory filing requirements, this data will not be liste	
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