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.

(((H18000316077 3)))



H180003160773ABC0

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

To:

Division of Corporations

Fax Number

: (850)617**-6381** 

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

Fax Number

: (305)552-5973 : (305)675-5944

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. JF JMM LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLESOFORGANIZATI	ON FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLÉ I - Name:	·
The name of the Limited Liability Company is:	
JFJMM LLC	
	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	company, E.E.C.," or "LLC.")
The mailing address and street address and	
and a special division of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
260 SHORE DRIVE E	_
MIAMI, FL 33133	SAME
APTICLE III - Pro-delice -	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot seem as	Office, & Registered Agent's Signature:
another business entity with an active Florida reg	its own Registered Agent's Signature: its own Registered Agent, You must designate an individual or
	· · · · · · · · · · · · · · · · · · ·
The name and the Florida street address of the re-	gistered agent are:
SERGIO A FLEITES	
	Name
1575 614,07 41.5	
1575 SW 87 AVE	O. Box NOT acceptable)
	O- DOX NOT acceptable)
MAM	FL 33174
City	Zip ··
Having been named as registered agent and to acc the place designated in this certificate, I hereby	cept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the prov	vaccept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of many complete performance.
of my annes, and I am familiar with and accept	The confessions of my position as registered against as admirided for in
1	Supper 605, F.S.

Registered gent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

8 NOV -2 PM 7: 1

		{
ARTICLE IV-	t	<u>{</u>
The name and address of each nerson a	uthorized to manage and control the Limited Liabili	Į
	amortzed to manage and control the Limited Liabili	ty Company:
<u>Title:</u>		
"AMBR" = Authorized Member	Name and Address:	[[
"MGR" = Manager		ļ
MGR _	MANUEL MA	i
	MANUEL MOUNA	
	260 SHORE DRIVE E	
	MIAMI, FL 33133	
MGR		
40011	JEAN-FRANÇOIS DESTEXHE	·
	260 SHORE DRIVE E	<del></del>
	MIAMI, FL 33133	<del>- +-</del>
MGR	· · · · · · · · · · · · · · · · · · ·	<del> </del>
THE STATE OF THE S	JEAN MARC GOOSSENS	Ę
	990 BISCAYNE BLVD #701	<del></del>
	MIAMI, FL 33131	<del></del> -
•	50101	<del></del>
•		A .
		<del></del>
		<del></del>
	·	
(Use attachment if necessary)		H
RTICLE VI: Other provisions, if any.	of filing: (OPTIO	
REQUIRED SIGNATURE:	111	
Signature of a man	La distribution	
(In accordance with section 606	marker an authorized representative of a member 0093 (1) (b), Florida Statutes, the execution of this	r. [
Constitutes an affirmation under	year (1) (0), riorida biantics, the execution of this	document
	the nenalties of nasissan short and	
I am aware that any false informs	stion sub-similar in a fact the tacts stated herein as	ro trus.
I am aware that any false informs	the penalties of perjury that the facts stated herein a ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.)	ro trus. State
I am aware that any false informs constitutes a third degree felony.	ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.)	ro trus. State
I am aware that any false informs constitutes a third degree felony.  SERGIO A FLETT	ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.).	rō trus. State
I am aware that any false informs constitutes a third degree felony.  SERGIO A FLETT	ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.)	ro trus. State
I am aware that any false informs constitutes a third degree felony.  SERGIO A FLETT	ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.).  ES  Typed or printed name of signee	ro trus. State
I am aware that any false informs constitutes a third degree felony.  SERGIO A FLEIT  \$125.00 Filing Fee for Articles of Organi	ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.).  ES  Typed or printed name of signee	re trus. State
I am aware that any false informs constitutes a third degree felony.  SERGIO A FLETT  \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Cony (Ontions I)	ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.).  ES  Typed or printed name of signee  Filing Fees:  nization and Designation of Registered Agent	re trus. State
I am aware that any false informs constitutes a third degree felony.  SERGIO A FLETT	ation submitted in a document to the Department of as provided for in s.\$17.155, F.S.).  ES  Typed or printed name of signee  Filing Fees:  nization and Designation of Registered Agent	ro trus. State

11/12/18

To whom it may concern:

Please be advised that the correct name of the filing L18000256113 is JFJMM LLC despite the typographical error shown on the fax audit cover sheet.

Thank you,

Carmen Morales