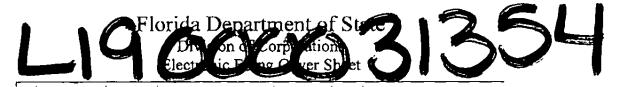
Division of Corporations

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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 : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone Fax Number : (845)818-3588

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.

JOAA Family Investments LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FEB 0 7 2019

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- Corporate Filing Menu

Help

K Brumbley

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMIT	TED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	/Company is:			
JOAA Family Investo				
(Must end w	vith the words "Limite	d Lizbility Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limi	ted Liability Company is:	
Principa	l Office Address:		Malling Address	ş:
8290 Muirbead Circle			290 Muirhend Circle	
Boynton Beach, FL 32	1472	<u>F</u>	Boynton Beach, FL 33472	
ARTICLE III - Registered Ages (The Limited Liability Company a another business entity with an ac The name and the Florida street as	camot serve as its own tive Plorida registration	n Registered Ages on.)		idual or
	Jerome Haber			
		Name		
	8290 Muirhead Circl	le		
	Florida street addres	s (P.O. Box <u>NO</u>	[acceptable)	
	Boynton Beach	FL	33472	
	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 um fumiliar with and accept the obligations of my position as refligered agent as provided for in Chapter 603, P.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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P.003/003

<u>Citle:</u>	Name and Address:
AMBR" = Authorized	Member
MGR" = Manager	
MGR	Jerome Haber
	8290 Muirhead Circle
	Boynton Beach, FL 33472
· ·	
V: Effective date, if of tive date is listed, the filing.)	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90
CV: Effective date, if of citive date is listed, the filling.) the date inserted in this icut's effective date on	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.
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