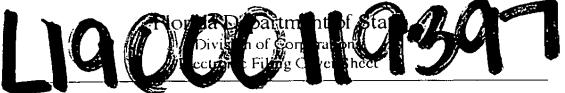
To: 18506176381 From: 12143052508 Date: 05/09/19 Time: 8:44 AM Page: 01/03

5/9/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

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

FLORIDA LIMITED LIABILITY CO.

JB Mundi Key Biscayne LLC

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0
02
\$125.00

M SIMMONS

MAY 0.9 2013

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 12143052508 Date: 05/09/19 Time: 8:44 AM Page: 02/03 (((H190001534413)))

ne name of the Limited Lis			
no mand of the annual and	bility Company is:		
JB Mundi Koy Biscay	re LLC		
(Must	contain the words "Limited Li	iability Company,	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal off	ace of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
791 Crandon Blvd., 0	Ocean Tower 2, #403	791 0	randon Blvs., Ocean Tower 2, #403
Key Biscayne, Ft. 33 ARTICLE III - Registere: The Limited Liability Com	I Agent, Registered Office, & pany cannot serve as its own F	k Registered Ager Registered Agent.	iscayna, Ft. 33149
Key Escayne, FL 33 ARTICLE III - Registerer (The Limited Liability Comanother business entity with	I Agent, Registered Office, & apany cannot serve as its own Finan active Florida registration treet address of the registered a	Key B Registered Agent. ' Registered Agent. ' agent are:	oceyno, FL 33149
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the I and I am familiar with und accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: 18506176381 From: 12143052508 Date: 05/09/19 Time: 8:44 AM Page: 03/03

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<u>Fitle:</u> 'AMBR' – Authorized Memb	Name and Address:
'MGR" - Manager	
AMBR	Hodollo Leno
	791 Crandon Blvd., Ocean Tower 2, #403
	Key Biscayne, FL 33149
	the date of filing: (OPTIONAL)
ctive date is listed, the date n f filling.)	ust be specific and cannot be more than five business days prior to or 90 di oes not meet the applicable statutory filing requirements, this date will not be
IV: Effective date, if other the ctive date is listed, the date in filling.) the date inserted in this block	ust be specific and cannot be more than five business days prior to or 90 di oes not meet the applicable statutory filing requirements, this date will not be
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V: Effective date, if other that extre date is listed, the date in filling.) he date inserted in this block itent's effective date on the Dec. VI: Other provisions, if any. REQUIRED SIGNATURE: Signatu This document am aware the	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not be

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)