

L19000182612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

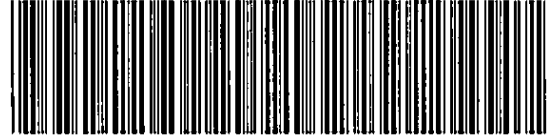
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED  
DUE TO RETURNED CHECK

07/15/19--01024--006 \*\*160.00

SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 JUL 15 AM 12:38  
TALLAHASSEE, FLORIDA

K. PAGE

JUL 29 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

FILING CANCELLED  
DUE TO RETURNED CHECK

SUBJECT: THE JORDAN FLORIDA GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO MOREIRA

Name of Person

MANAGER

Firm/Company

4520 W OAKELLAR AVE SUITE 13284

Address

TAMPA FL 33681

City/State and Zip Code

PABLOMOREIRA@MAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO MOREIRA 813 320-7100  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FILING CANCELLED  
DUE TO RETURNED CHECK**

THE JORDAN FLORIDA GROUP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

4520 W OAKELLAR AVE SUITE 13284  
TAMPA FL 33681

4520 W OAKELLAR AVE SUITE 13284  
TAMPA FL 33681

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PABLO MOREIRA

Name

3102 W HARBOR VIEW AVE

Florida street address (P.O. Box **NOT** acceptable)

TAMPA

FL

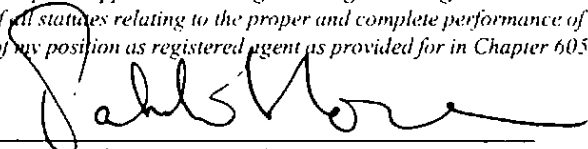
33611

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
19 JUL 15 AM 12:39  
TALLAHASSEE, FLORIDA

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

PABLO MOREIRA

3102 W HARBOR VIEW AVE

TAMPA FL 33611

AMBR

PABLO JORDAN

3102 W HARBOR VIEW AVE

TAMPA FL 33611

AMBR

IVAN JORDAN

3102 W HARBOR VIEW AVE

TAMPA FL 33611

AMBR

ALEJANDRO JORDAN

3102 W HARBOR VIEW AVE

TAMPA FL 33611

(Use attachment if necessary)

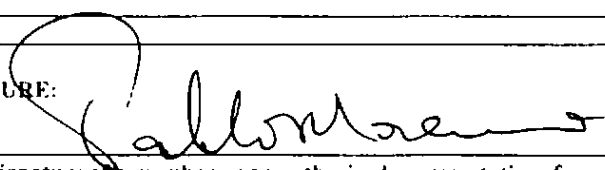
**ARTICLE V:** Effective date, if other than the date of filing: 06/18/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

PABLO MOREIRA

Typed 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)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 15 AM 12:39  
TALLAHASSEE, FLORIDA