

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : ROSILLO & ASSOCIATES, P.A.
Account Number : I19990000127
Phone : (305) 477-5671
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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
J&L Reinsurance, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

J. FASON

SEP 06 2019

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is **J&L Reinsurance Services, LLC**

ARTICLE II - ADDRESS

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

4755 NW 103rd CT
Miami, FL 33178

ARTICLE III - STATEMENT OF PURPOSE

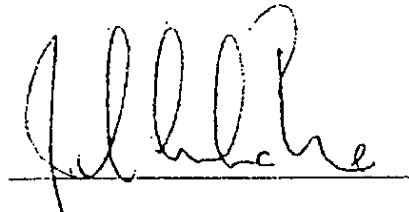
The purpose of the Limited Liability Company is to engage in any lawful activity for which the Limited Liability Company may be organized in this state.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Juan Calvache
4755 NW 103rd CT
Miami, FL 33178

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.



Juan Calvache

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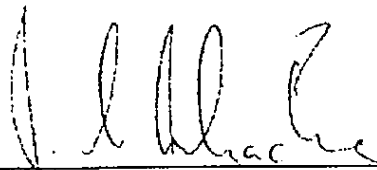
ARTICLE V - MANAGEMENT

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

Name and Address:

-AMBR - Authorized Member

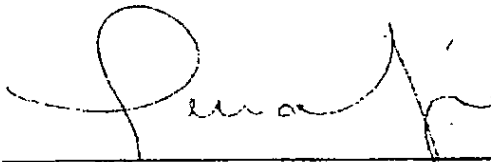
Juan Calvache
4755 NW 103rd CT
Miami, FL 33178



Signature of a member or an authorized representative of a member

-MGR - Manager

Luciana Carpena
4755 NW 103rd CT
Miami, FL 33178



Signature of a member or an authorized representative of a member

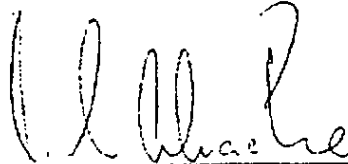
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(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the State constitutes a third-degree felony as provided for in s.817.155, F.S.)

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Juan Calvache
4755 NW 103rd CT
Miami, FL 33178


Signature of a member or an authorized representative of a member

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