

2019-09-11 14:28 PEDRO

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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 : PEDRO LUZQUINOS
Account Number : 225170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8807

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

Email Address: PLUZQUINOS@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO.
JED SERVICES ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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SEP 12 2019

2019 SEP 11 PM 5:51

H 19 000 272 1393

COVER LETTER

19 SEP 11 PM 1:33

TO: New Filing Section
Division of Corporations

SUBJECT: JED SERVICES ENTERPRISE 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:

JOSE E. DIAZ

Name of Person

Firm/Company

2835 W 76 ST APT 201

Address

HALFAH, FL 33018

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

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

For further information concerning this matter, please call:

JOSE E. DIAZ

832

869-1388

at (

Name of Person

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

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H19 000 2721393

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

19 SEP 11 PM 1:33

ARTICLE I - Name:

The name of the Limited Liability Company is:

JED SERVICES ENTERPRISE 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:**2835 W 76 ST APT 2012835 W 76 ST APT 201MIAMI BEACH, FL 33018MIAMI BEACH, FL 33018**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:

JOSE E. DIAZ

Name

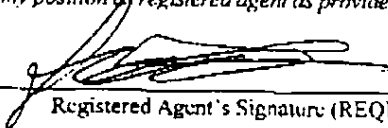
2835 W 76 ST APT 201Florida street address (P.O. Box **NOT** acceptable)MIAMI BEACHFL33018

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Name and Address:

JOSE E. DIAZ


2835 W 76 ST APT 201

HIALEAH, FL 33018

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

JOSE E. DIAZ

Typed or printed name of signer

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)

H19 000 2721393

From:

09/11/2019 15:14

#019 P.001/007

porterwright

Porter Wright Morris & Arthur LLP
41 South High Street
Suites 2800-3200
Columbus, Ohio 43215-6194
Main Telephone #: 614.227.2000
Main Facsimile #: 614.227.2100

Facsimile Cover Sheet

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Date: September 11, 2019 User: 6453 Client Matter #: 9000000-208485

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 6

PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #:
1. Division of Corporations	Florida Dept of State	850-617-6381	
RE: AMIGOS MINISTRIES OF SWFL, INC.			
Comments:			

Attached please find Articles of Organization and Request for Certificate of Good Standing
regarding the above Corporation.

From: Theodore R. Walters, Esq. Phone No. 239-593-2965

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ☐ ORDINARY MAIL ☐ OVERNIGHT DELIVERY SERVICE
☐ MESSENGER ☒ THIS WILL BE THE ONLY FORM OF DELIVERY

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