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	SUBJ	JY CARF	RIER LLC	e of linked ti	ability Company			
			(441)		аонну Сопрану			
	The e	nclosed Articles o	of Organization and f	cc(s) are submi	tted for filing.			
	Please	e return all corresp	pondence concerning	this matter to i	he following:			
		JONATHA	N RIVERA					
		<u> </u>	· · · · · · · · ·	Nem	c of Person		<u></u>	
		JY CARRI	ER LLC					
				Firm	/Сотралу			
		3144 SERE	NDIPITY WAY					
				A	ddress			
		DA VENPC	DRT FL33837					
		BRENDA.M	IAS@AOL.COM	City/State	and Zip Code	······		
			E-mail address: (to t	pe used for futu	re annual report notific	cation)		
	For furt	her information co	oncerning this matter	, please call:				
		BRENDA N	1A5	407 at (301-2659			
		Nan	ne of Person	Area Cod	e Daytime Teleph	one Number		
	Enclos	sed is a check for i	the following amoun	1:				
	8 \$12	5.00 Filing Fee	□\$130.00 Filing Certificate of Sta	tus Cor	i155.00 Filing Fee & tified Copy ional copy is enclosed)	S160.00 Fili Cortificate of S Certified Copy (additional copy	Status &	
		New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 Massee, FL 32314		Street Address New Filing Section The Centre of Talle 2415 N. Monroe SI Tallahassee, FL 32	ahassee ireet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JY CARRIER LLC

(Must conatin 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:

3144 SERENDIPITY WAY DAVENPORT FL 33837

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:

 JONATHAN RIVERA

 Name

 3144 SERENDIPITY WAY

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

 DAVENPORT

 FL

 33837

 City

 State

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.

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Registered Agent's Signature (REQUIRED)

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

"MGR" = Manager	
AMBR	JONATHAN RIVERA 3144 SERENDIPITY WAY DAVENPORT FL 33837
(Use attachment if necessary)	

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. ALL LAWFULL ACTS

REOUIRED SIC	GNATURE:
	Brathen River
1	Signature of a member or an authorized representative of a member. his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, an aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.
	JONATIIAN RIVERA Typed or printed name of signed
	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)

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IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

J Y CARRIER LLC

JONATHAN RIVERA SOLE MBR 3144 SERENDIPITY WAY

DAVENPORT, FL 33896

Date of this notice: 12-04-2019

Employer Identification Number: 84-3869732

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3669732. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one BIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing 8 corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the 8 corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate dopy for you. You may give a copy of this document to anyone asking for proof of your BIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have quastions about your BIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this ZIN is JYCA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Т

(IRS USE ONLY) 575G 12-04-2019 JYCA O 9999999999 S9-4

 Keep this part for your records.
 CP 575 G (Rev. 7-2007)

 Return this part with any correspondence so we may identify your account. Please
 CP 575 G

 correct any errors in your name or address.
 9999999999

 Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 12-04-2019
 9999999999

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 EMPLOYER IDENTIFICATION NUMBER: 64-3869732

 FORM: SS-4
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 INTERNAL REVENUE SERVICE
 J Y CARRIER LLC

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 hlahhhhhhhhhhhhhhhhhhh

J Y CARRIER LLC JONATHAN RIVERA SOLE MBR 3144 SERENDIPITY WAY DAVENPORT, FL 33896

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