Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number

: (215)977-9386

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

Email	Address:			
CWGII	Augress:			

# FLORIDA LIMITED LIABILITY CO. J&S SPA SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is

### J&S SPA SERVICES, 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:

To:

Mailing Address:

2861 NE 23rd Street2861 NE 23rd StreetFort Lauderdale, FL 33305Fort Lauderdale, FL 33305

# 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

James Egan

Name

2861 NE 23rd Street

Florida street address (P O Box NOT acceptable)

Fort Lauderdale

City State

Zip

2020 JAN -7 AM 9: 25

llaving 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.

(CONTINUED)

Registered Agent's Eignature (REQUIRED)

To:

# (((H200000069823)))

Title:		Name and Address:		
	uthorized Member inager			-
AMBR	<u> </u>	James Egan 2861 NE 23rd Street Fort Lauderdale, FL 33305	2020 J	
<u>AMBR</u>	<del></del>	Jasjot Paul Singh 2861 NE 23rd Street Fort Lauderdale, FL 33305	JAN -7 A REJARYO	
AMBR		Sunitee Singh 2861 NE 23rd Street Fort Lauderdale, FL 33305	9:25 FLORIBA	$\bigcirc$
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