

1/27/20 Jan. 29. 2020 1:45PM

Division of Corporations

No. 0189 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L20000026799**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000030859 3)))



H200000308593ABC..

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**JBLA PROPERTY LLC**

**Ref: W20000008714**

2020 Jan 29 PM 2:11

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JAN 29 AM 11:19

**FILED**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JBLA PROPERTY 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:8266 NEMOURS PKWY8266 NEMOURS PKWYORLANDO, FL 32827ORLANDO, FL 32827

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

US TAX CONSULTING INC

Name

5401 S KIRKMAN RD, SUITE 135Florida street address (P.O. Box NOT acceptable)ORLANDOFLORIDA32819

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)

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2020 JAN 29 AM 11:19

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Alessandro Schmidt

Rua das Bromelias da Peninsula, 400 Bloco 3 Apt 1401  
Rio de Janeiro, RJ 22776-040 BR

AMBR

Larissa de Oliveira Reis Schmidt

Rua das Bromelias da Peninsula, 400 Bloco 3 Apt 1401  
Rio de Janeiro, RJ 22776-040 BR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/29/2020 (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.

THIS LIMITED LIABILITY COMPANY MAY ENGAGE IN AND OR TRANSACT ANY AND ALL LAWFUL  
BUSINESS AND OR ACTIVITIES UNDER THE LAWS OF UNITED STATES OF AMERICA. THE STATE OF  
FLORIDA AND OR ANY OTHER STATE-DISTRICT, PROVINCE OR NATION

**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.

RODRIGO CAVALCANTE / ACCOUNTANT

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)