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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
JAMALINE, LLC**

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

20 JAN 29 PM 4:24
STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

JAMALINE, LLC

ARTICLE II - Address:

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

Principal Office Address:106 NE 89TH STREET
EL PORTAL, FL 33138**Mailing Address:**106 NE 89TH STREET
EL PORTAL, FL 33138**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:

EL JAMALI YOUSSEF

Name

106 NE 89TH STREETFlorida Street address (P.O. Box **NOT** acceptable)

EL PORTAL

FL

33138

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 provide for in chapter 605, F.S.

X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV –

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

EL JAMALI YOUSSEF

106 NE 89TH STREET

EL PORTAL, FL 33138

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

X

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.



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PERSONAL AND CONFIDENTIAL

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DATE: January 29, 2020

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Number of Pages 4
(including cover page)

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Message: This is the second submission of these Articles. Please use the first submission date of January 27, 2020 when filing.

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