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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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					Courier

COVER LETTER

New Filing Section

TO:

Di	vision of Corporations		
SUBJECT	JAR INVESTME	STS XXVI, LLC	
SOBJECT		Limited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this	matter to the following:	
	1	MARK E. FRIED, ESQ.	
		Name of Person	
	N	IARK E. FRIED, P.A.	
		Firm/Company	
	1110 BF	RICKELL AVENUE, SUITE 310	
		Address	
	М	IAMI, FLORIDA 33131	
		City/State and Zip Code	
_	shar	on@markfriedlaw.com	
	E-mail address: (to be us	ed for future annual report notificat	ion)
For further in	formation concerning this matter, ple	ase cail:	
	Mark E. Fried	305 371-7079	
-	Name of Person	Area Code Daytime Telephon	ne 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 Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Street	assee et, Suite 810
	Tallahassee, FL 32314	Tallahassee, Fl. 3230	15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1

		ENTS XXVI, LLC		
(Must conati	n the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principa	l office of the Limit	ed Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
11000 SW 104 STRE	EET, SUITE 16593	31	P.O. BOX 165931	
MIAMI, FLORIDA			MIAMI, FLORIDA 33116	
The name and the Florida street ad	•	tion.) red agent are: MANAGER, INC.		
The name and the Florida street ad	MEF	med agent are: MANAGER, INC. Name	TTE 310	
The name and the Florida street ad	MEF I	red agent are:		
The name and the Florida street ad	MEF I	red agent are: MANAGER, INC. Name ELL AVENUE, SU		
The name and the Florida street ad	MEF I	MANAGER, INC. Name LL AVENUE, SU ess (P.O. Box NOT	acceptable)	

(CONTINUED)

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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 __ MGR JOSE A. RODRIGUEZ P.O. BOX 165931 MIAMI, FL 33116 (Use attachment if necessary) ______. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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: /s/ JOSE A. RODRIGUEZ 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 A. Rodriguez

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)