

**L200 0005 8623**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H20000062630 3)))



H200000626303ABCT

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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.  
JLM EVENT SHAREHOLDER, L.L.C.**

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

2020 FEB 25 PM 2:37

RECEIVED

CLERK  
OFFICE  
STATE  
TOLSON

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

**JLM EVENT SHAREHOLDER, L.L.C.**

**ARTICLE II - Address:**

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

Mailing Address:  
PO BOX 371303  
c/o Frank Martinez, P.A.  
Miami, FL 33137

Principal Address:  
4770 Biscayne Blvd, Suite 900  
c/o Frank Martinez, P.A.  
Miami, FL 33137

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

FRANK MARTINEZ, P.A.  
4770 BISCAYNE BLVD, SUITE 900  
MIAMI, FL 33137

**ARTICLE IV-**

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

JENNIFER LEE MOLINA, as MANAGER

**Required Signatures:**

\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

**JENNIFER LEE MOLINA**

\_\_\_\_\_  
**Typed or printed name of signee**

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)**