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5/1/2020

Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Name : CORPOLICENSE, INC

Account Number : 120050000118 : (385)774-9606 : (305)774-9660 Fax Number

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#### FLORIDA LIMITED LIABILITY CO. ....J&MSUPPLIES, ELG...

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF J & M SOUTH FLORIDA SUPPLIES, LLC

#### ARTICLE I - NAME:

The name of the Limited Liability Company Is:

### J & M SOUTH FLORIDA SUPPLIES, LLC

#### ARTICLE II - ADDRESS:

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

4645 SW 64th Avenue Miami, FL 33155

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

AJennifer E. Valentin 4645 SW 64th Avenue Miami, FL 33155

Having been named as registered agent and to accept service of process for the above stated Lim ited 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.

SO NY -2 LAN 8: 53

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#### ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is us follows:

TITLE: NAME AND ADDRESS

AMBR JENNIFER E. VALENTIN

4645 SW 64th Avenue, Miami, FL 33155

AMBR MYRIAM TORRES-ORTIZ

4645 SW 64th Avenue, Miami, FL 33155

Myriam Torres-Ortiz 4645 SW 64<sup>th</sup> Avenue Miami, FL 33155

(In accordance with section 605.0201, Florida Statutes. The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)