

L20000238750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600349923336

RECEIVED
2020 AUG 17 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

NOT CURED
AUG 18 2020

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/17/20

NAME: JL 134 LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

aHodge

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

FILED

2020 AUG 17 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I: NAME

The name of the Limited Liability Company is:
JL 134 LLC

ARTICLE II: Address

The street address of the principal office of the Limited Liability Company is:
**3530 MYSTIC POINTE DR
APT L P 02
AVENTURA, FL 33180**

The mailing address of the Limited Liability Company is:
**PO BOX 402337
MIAMI BEACH, FL 33140**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

**JOSE LUIS VERCESI
3530 MYSTIC POINTE DR
APT L P 02
AVENTURA, FL 33180**

Having been named as registered agent 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.



JOSE LUIS VERCESI / Registered Agent's Signature

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

AMBR:
JOSE LUIS VERCESI
PO BOX 402337
MIAMI BEACH, FL 33140



JOSE LUIS VERCESI

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.)

2020 AUG 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED