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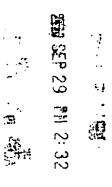
(Requestor's Name)				
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PICK-UP WAIT	MAIL			
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Special Instructions to Filing Officer:				

Office Use Only



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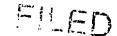
SECRETARY OF STATE

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N CULTIONS SEP 3 (CC)

COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	JRD PROPERTY GROUP LLC		
30031.01		nited Liability Company	
The enclos	ed Articles of Organization and fee(s) ar	e submitted for filing.	
Please retu	rn all correspondence concerning this ma	atter to the following:	
	JAZZ SOSA		
		Name of Person	
		Firm/Company	
	4872 N CITATION DRIVE APT 202		
		Address	
	DELRAY BEACH, FLORIDA 33445		
<u>.</u>	C JOSEPH@TAXEMPEROR.COM	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further in	nformation concerning this matter, please	e call:	
	JAZZ SOSA 34	471-5694	
•		rea Code Daytime Telephone Numb	per
Enclosed is	a check for the following amount:		
≘\$125.00	Filing Fee \$\Bigcup\$\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Cel	S160.00 Filing Fee, rtificate of Status & rtified Copy tional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 SEP 29 AN 10: 56

SECRETALLY OF STATE TALLAHASSEE, FL

JRD PROPERTY GROUP LLC

(Must conatin the words "Limited Liability Company, "L.L.C.." or "LLC.")

<u>Pri</u>	ncipal Office Address:		Mailing Address:	
4872 N CITATION DRIVE APT 202 DELRAY BEACH, FL 33445		4872 N	4872 N CITATION DRIVE APT 202 DELRAY BEACH, FL 33445	
he Limited Liability Composite Composite of the business entity with	an active Florida registration.	.egistered Agent. You)	ı must designate an individual	
The Limited Liability Composite business entity with	pany cannot serve as its own R an active Florida registration. reet address of the registered a JAZZ SOSA	egistered Agent. You) gent are:	i must designate an individual	
The Limited Liability Composite business entity with	pany cannot serve as its own R an active Florida registration. reet address of the registered a JAZZ SOSA	.egistered Agent. You)	i must designate an individual	
The Limited Liability Composite business entity with	pany cannot serve as its own R an active Florida registration. reet address of the registered a JAZZ SOSA	egistered Agent. You) gent are: Name	nust designate an individual	
The Limited Liability Composite of the Limited Liability with the Limited Liability with the Limited Liability with the Limited Liability with the Liability with the Liability Composite Composite Composite Composite Comp	pany cannot serve as its own R an active Florida registration. Teet address of the registered a JAZZ SOSA	egistered Agent. You) gent are: Name RIVE APT 202	i must designate an individual	
The Limited Liability Comp nother business entity with	pany cannot serve as its own R an active Florida registration. Teet address of the registered a JAZZ SOSA 4872 N CITATION DI	egistered Agent. You) gent are: Name RIVE APT 202	i must designate an individual	

agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Jazz Sosa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR Manager	JAZZ SOSA 4872 N CITATION DRIVE APT 202 DELRAY BEACH, FLORIDA 33445
MGR	JEFFREY DESTINE 659 MAIN STREET APT 1 NEW ROCHELLE, NEW YORK 10801
MGR	RICHARD CLARKE 110-43 166TH STREET JAMAICA. NEW YORK 11433
MGR	JAMAAL GILL 55 CALHOUN AVENUE NEW ROCHELLE, NEW YORK 10805
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
REQUIRED SIGNATURE:	
	lazz Sosa
This document is ex I am aware that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	De PARIS BANKS 300 PELHAM ROAD APT 3N
	NEW ROCHELLE, NEW YORK 10805
<u> </u>	SEORE AND STATE STATE OF STATE
	SEP
	29
	TA C
	m
effective date is listed, the date must be sate of filing.)	the of filing:
REQUIRED SIGNATURE:	
4	iosa
Jazz S Signature of a n	nember or an authorized representative of a member.
Jazz S Signature of a n This document is exec	nember or an authorized representative of a member.
Signature of a m This document is exec I am aware that any fal	nember or an authorized representative of a member.
Signature of a m This document is exec I am aware that any fal	nember or an authorized representative of a member. suited in accordance with section 605.0203 (1) (b), Florida Statutes. Is information submitted in a document to the Department of State.

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)