10/13/2020

Division of Corporations

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.

(((H20000357123 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION

Account Number: I20190000086 : (305)275-1300

Fax Number

: (888)653-6564

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Feeil Addmoses	icalyaz@omail.com	

# FLORIDA LIMITED LIABILITY CO.

JC & AA Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

OCT 1 5 2020

T. SCOTT

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(((H200003574233)))

### ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

JC & AA Group LLC

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

6610 SW 114 Ave 6610 SW 114 Ave

Miami, FL 33173 Miami, FL 33173

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

(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.)

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

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104

Miami, FL 33183

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 60S, F.S.

10/13/2020

Registered Agent's Signature (REQUIRED)

020 CCT 14 AM 9: 20

#### (((H20000357123 3)))

#### ARTICLE IV-

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

Name and Address: Title:

AMBR\_ Juan C. Alvarez, 15621 SW 63 Terrace

Miami, FL 33193

Alexandra I Alfaro, 15621 SW 63 Terrace AMBR

Miami, FL 33193

Jorge C. Maury, 6610 SW 114 Ave. AMBR

Miami, FL 33173

AMBR Adriana J Alfaro, 6610 SW 114 Ave

Miami, FL 33173

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)

(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 flling.)

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:** 

10/13/2020

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.

Juan Carlos Alvarez

(Typed or printed name of signee)

**FAX** 

Date:	10/14/2020	

Pages including co	ver sheet:	5

То:	8506176381@rcfax.com
Phone	
Fax Phone	(850) 617-6381

From:	Conrad Willkomm	
	Law Office of Conrad Willkomm,	
	3201 North Tamiami Trail	
	Naples	
	FL	34103
Phone	12392625303	
Fax Phone	12392626030	

## NOTE:

20B.1531.CW-Stewart, Jeffrey - LLC Formation