L20000 368320

	(Requestor's Name)
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	PICK-UP WAIT MAIL
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DATE: 12/3/20

NAME: HJI & JLS INTERNATIONAL ADMINISTRATION, L.L.C.

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

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Obbie Hodge AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	New Filing Sec Division of Co				
eup iec		International Administration	on, L.L.C.		
SUBJEC	l:		nited Liability Company		
Th1-	محاداته المحاد	· Oii	and allowed for filling		
		Organization and fee(s) are	_		
Please ret	urn all correspo	ondence concerning this ma	tter to the following:		
	Joaquin A. S	osa			
			Name of Person		
	JAS.LAW, I	LC			
			Firm/Company		
	1825 Ponce	de Leon Blvd., Suite 500	·		
			Address		
	Coral Gables	s, FL 33134			
•			ity/State and Zip Code		
	jasosa@bellso		502 6.5000 00000 1 0000 0000 0000 0000 0000 0	· · · · · · · · · · · · · · · · · · ·	
			for future annual report notificati	ion)	
For further	information co	ncerning this matter, please	call:		
	Joaquin A. Se	osa 81	8 262-5853		
	Nam		rea Code Daytime Telephon	<u>'</u>	
Enclosed i	is a check for t	he following amount:			
□\$125.04	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	d)
		g Address iling Section	Street Address New Filing Section Di	ivision	
	P.O. B	on of Corporations ox 6327 assee, FL 32314	The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	et, Suite 810	

COVER LETTER

TO:	New Filing Se Division of Co				
SUBJI		International Admir	nistration, L.L.C	2.	
30031		Name	of Limited Lia	bility Company	
The en	closed Articles of	f Organization and fe	e(s) are submit	ed for filing.	
		ondence concerning		_	
	Joaquin A. S	Sosa			
			Name	of Person	
	JAS.LAW,	LLC			
	<u> </u>		Firm/	Company	
	1825 Ponce	de Leon Blvd., Suite	: 500		
			Ac	ldress	
	Coral Gable	s, FL 33134			
			City/State	and Zip Code	
	jasosa@bells				
For furth		e-mail address: (to b		e annual report notificat	ion)
	Joaquin A. S	osa	818 at (262-5853	
	Nan	ne of Person	Area Code	Daytime Telephon	ne Number
Enclose	ed is a check for t	he following amoun	::		
□\$12 <i>5</i>	5.00 Filing Fee	□\$130.00 Filing Certificate of Sta	tus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		ng Address Tiling Section		Street Address New Filing Section D	ivision
	Divisi	on of Corporations Sox 6327		The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: HJI & JLS International Administration, L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") AŘTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 4430 SW 83rd Avenue 1825 Ponce de Leon Blvd., Ste. 500 Miami, FL 33155 Coral Gables, FL 33134 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: Joaquin A. Sosa, JD Name 4430 SW 83rd Avenue Florida street address (P.O. Box NOT acceptable)

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..

State

Miami

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

'AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR.Owner	
	Jose Luis Soto Martinez - 50% owner 4430 SW 83rd Avenue. Miami. FL 33155
AMBR.Owner	Hilda Judith Ibarra Mendez - 50% owner 4430 SW 83rd Avenue, Miami, FL 33155
AR	JAS, LAW, LLC - 0% Ownership- Administration Only 1825 Ponce de Leon Blvd., Ste. 500, Coral Gables, FL 33134
	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 a
EV: Effective date, if other than ctive date is listed, the date must filling.) the date inserted in this block directly effective date on the Dep EVI: Other provisions, if any.	bes not meet the applicable statutory filing requirements, this date will not artment of State's records.
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EV: Effective date, if other than extive date is listed, the date must filling.) the date inserted in this block direct's effective date on the Dep EVI: Other provisions, if any. It is for Asset Protection, but au in: Jose Luis Soto Martinez 50%	best be specific and cannot be more than five business days prior to or 90 or
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EV: Effective date, if other than extive date is listed, the date must filling.) the date inserted in this block direct's effective date on the Dep EVI: Other provisions, if any. VI: Other provisions, if any. VI: Jose Luis Soto Martinez 50% REOUIRED SIGNATURE: Signature This document I am aware that	the specific and cannot be more than five business days prior to or 90 to be so not meet the applicable statutory filing requirements, this date will not artment of State's records. State's records. State's records. State of a member or an authorized representative of a member. So executed in accordance with section 605.0203 (1) (b), Florida Statutes. Busy false information submitted in a document to the Department of State