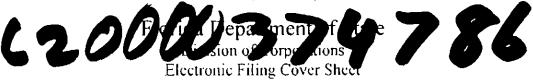
12/8/2020

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.

(((H20000419680 3)))



H200004196803ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email	Address:	<u>.</u>

# FLORIDA LIMITED LIABILITY CO. JMV INVERSIONES LLC

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

Electronic Filing Menu

Corporate Filing Menu

Darrick Thompson 19/2020

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

From: Kimberty Laughrey

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

### JMV INVERSIONES LLC

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

### ARTICLE II - Address:

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

<del></del>	
1096 SW 27TH AVENUE	1096 SW 27TH AVENUE
MIAMI, FL 33135	MIAMI, FL 33135

Mailing Address:

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

Principal Office Address:

(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:

ALEX D. SIRULNIK,	P.A.	_
-	Name	
2199 PONCE DE LEC	N BOULEVARE	, SUITE 301
Florida street address	P.O. Box NOT a	cceptable)
CORAL GABLES	FL	33134
City	State	Zip

Having been named as registered agent und 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JAVIER MARTIN VALDES
	2793 SW 31 PLACE
	MIAMI, FL 33133
<del></del>	
	<del></del>
ctive date is listed, the date must be specific a f filing.)	ng: (OPTIONAL)  and cannot be more than five business days prior to or 90  e applicable statutory filing requirements, this date will not  e's records.
ctive date is listed, the date must be specific a filing.) the date inserted in this block does not meet the nent's effective date on the Department of States.	and cannot be more than five business days prior to or 90 eapplicable statutory filing requirements, this date will not
ctive date is listed, the date must be specific a f filing.) the date inserted in this block does not meet the nent's effective date on the Department of State E. VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform	and cannot be more than five business days prior to or 90 eapplicable statutory filing requirements, this date will not
ctive date is listed, the date must be specific a filing.) the date inserted in this block does not meet the nent's effective date on the Department of State  EVI: Other provisions, if any.  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony	e applicable statutory filing requirements, this date will not e's records.  or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. anation 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)