Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H21000028583 3)))



H210000285833ABC\$

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

			
To:	Division of Co Fax Number	orporations : (850)617-6381	021 JAN 2 SECRUTA ALLAHAS
From:	Account Name	: LAZARUS CORPORATE FILING SERVICE -: 1200000000019 : (305)552-5973	
	Fax Number	: (305)675-5944	4018 119
Enter	r the email addre	ss for this business entity to be us lings. Enter only one email address	sed for future please.
E	mail Address:		

FLORIDA LIMITED LIABILITY CO. JORO HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	2021 JAN 2 SECRE INDITALLAHASS
The name of the Limited Liability Company is:	I AH II:
JORO HODINGS, LCC ARTICLE II - Address:	10 A
The mailing address and street address of the principal office of the Limited Liab Company is:	oility
2555 NW 102 AVE STE# 100 DORAL, FL 33172	- <i>F</i>)
JOICH, 12 33172	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liabil Company cannot serve at its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	ility
2555 NW 102 Ave Ste 10	0-A
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) ABEL BRAYO	

	2021 SEC TALL			
The state of the s	A ST			
Required Signatures:	(A) (A)			
	OZ -			
A				
-41-2	S≥			
T(\ /	요즘			
Signature of a member or an authorized representati	- P 9			
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 between 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.

ABEL BRAVO

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)