Florida Department of State Division of Leptra 6 is Electron in government 7586

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To:			22
	Division of Corporations		CO
	Fax Number : (850)617-6381		
From:		<u>.</u>	::-
	Account Name : L & R INTERNATIONAL FIRM INC Account Number : I2020000026 Phone : (786)413-4344 Fax Number : (305)222-9004	L. 1	6.1
Enter the enter annual r	mail address for this business entity to be used feport mailings. Enter only one email address pleas	or futur se.**	_
Email Ad	dress:		7.17.17
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TO: New Filing Section Division of Corporations	•	•	
SUBJECT: JASLAR BUILDER LLC			
Name of Lir	nited Liability Company	_	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
ARNALDO E ROJAS AGUILAR			
	Name of Person		
	Firm/Company		
9480 SW 171ST CT			
3400 3W 17 13 1 CT	Address		
MIAMI, FL 33196	Y. 20		
JASLARBUILDER@GMAIL.COM	City/State and Zip Code A		
	for future annual report noti	fication)	
For further information concerning this matter, pleas	•	,	
g === ======			797
ARNALDO E ROJAS AGUILAR DI (_	305 509 - 2007		02) JAN
Name of Person A	rea Code Daytime Tele	phone Number	111 28
Enclosed is a check for the following amount:			_
☑\$125.00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status &	
Mailing Address	Street Address		
New Filing Section	New Filing Section		
Division of Corporations P.O. Box 6327	The Centre of Te	aliahassee : Street, Suite 810	
Taliahassee, FL 32314	Tallahassoc, FL		

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ARTICLES	OF ORGANIZATION FOR FLOI	UDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liabi	lity Company is:	
JASLAR BUIL	DER LLC	
(Must co	ntain the words "Limited Liabi	lity 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:
Princ	inal Office Address:	Mailing Address:
9480 SW 1715T CT		9480 SW 171ST CT
MIAMI, FL 33196		MIAMI, FL 33196
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a		egistered Agent's Signature; istered Agent. You must designate an individual or
The name and the Florida stre	et address of the registered ager	nt are:
	ARNALDO E ROJAS AGUIL	AR
	Na	me

9480 SW 171ST CT Florida street address (P.O. Box NOT acceptable) 33196 FL MIAMI

City State Zip

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)

(CONTINUED)

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R	ARNALDO E ROJAS AGUILAR 9480 SW 171ST CT MIAMI, FL 33196
	9480 SW 171ST CT
	MIAMI, FL 33196
	
	
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