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To: Division of Corporations Fax Number : (950)617-6381 17 From: Account Name : FILE RIGHT LLC Account Number : 12017000091 Phone : (718)878-5811 VH 10: m : (718)732-4580 Fax Number 5 **Enter the email address for this business entity to be used for figure ch annual report mailings. Enter only one email address please.* €. sales@fileacorp.com Email Address:

FLORIDA LIMITED LIABILITY CO.

JADE CAPITAL SE LLC

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ARTICLESOF ORGANIZATIONFORFLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JADE CAPITAL SE 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:

Principal Office Address:	Mailing Address:
4770 BISCAYNE BLVD, SUITE 660	4770 BISCAYNE BLVD, SUITE 660
MIAMI, FL 33137	MIAMI, FL 33137
	<u></u>

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.) $\frac{\sum_{i=1}^{T} e_{i}}{\sum_{i=1}^{T} e_{i}}$

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

inve Elorida registratio	n.)		SE COL	0 5 5
ddress of the registered	agent are:		Che	<u>רי</u> ד
JOSEPH BAMBER	<u>Ger</u>		SSVI - H	· · ·
	Name		m f	
4770 BISCAYNE BI	LVD, SUITE 660			m
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	10: 10: 10:	C7
МІАМІ	FL	33137		
City	State	Zip		0

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, Thereby 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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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	JOSEPH BAMBERGER 4770 BISCAYNE BOULEVARD, SUITE 660 MIAMI, FL 33137			
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(Use attachment if necessary)

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 filing.)

<u>Note:</u> 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

ARTICLEVI: Other provisions, if any.

REOURED SIGNATURE:

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.

JOSEPH BAMBERGER

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)