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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PCK-U) MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer
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2021 FEB -4 PM 2: 50



12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME)	ervices 2021 LLC	OCUMENT #)
2. (CORPORATE NAME)	(D	OCUMENT #)
3. (CORPORATE NAME)	(D	OCUMENT #)
	The western	Cartificate Of Status
☐ Walk-In X Pi	ck up time: Certified Copy	Certificate Of Status Other Filings
		Other Filings Annual Report
New Filings	Amendments	Other Filings
New Filings Profit	Amendments Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name

Examiners Initials

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	my company is.				
JGL SERVICES 20					
(Must con	ntain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:		
J	• •				
<u>Princi</u>	ipal Office Address:		Mailing Address:		
5700 W 14th LAN	E	5700) W 14th LANE		
HIALEAH, FL 33			LEAH, FL 33012		
			·	<u> </u>	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	ny cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or		
(The Limited Liability Compar	ny cannot serve as its own n active Florida registratio	Registered Agent. (on.)		7	
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own a active Florida registration at address of the registered	Registered Agent. on.) I agent are:		7,071	
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own n active Florida registratio	Registered Agent. on.) I agent are: LEON		7.071 FE	,
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own a active Florida registration at address of the registered	Registered Agent. on.) I agent are:		7,071 FEB	
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own a active Florida registration at address of the registered	Registered Agent. on.) I agent are: LEON		7071 FEB -4	н ,
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own a active Florida registration at address of the registered JESSICA GUZMAN	Registered Agent. on.) I agent are: LEON Name	You must designate an individual or	1_	3
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own active Florida registration address of the registered JESSICA GUZMAN 5700 W 14th LANE Florida street address	Registered Agent. on.) I agent are: LEON Name	You must designate an individual or	1 P P P P P P P P P P P P P P P P P P P	,
(The Limited Liability Compar another business entity with ar	ny cannot serve as its own a active Florida registration address of the registered JESSICA GUZMAN 5700 W 14th LANE	Registered Agent. on.) I agent are: LEON Name	You must designate an individual or	-4 PM	. `

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..

PRINCE FOLL PROPERTY OF THE PR

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MCR" = Manager	Name and Address:
"MGR" = Manager <u>AMBR</u>	JESSICA GUZMAN LEON 5700 W 14th LANE HIALEAH, FL 33012
(Use attachment if necessary)	
an effective date is listed, the date must be spec date of filing.)	of filing:
TICLE VI: Other provisions, if any.	

REQUIRED SIGNATURE

Jossica Guroko Jeón (Feb 3, 2021 11:28 EST)

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.

JESSICA GUZMAN LEON

Typed or printed name of signee

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)