Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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

Email Address:

FLORIDA LIMITED LIABILITY CO. JOHNSON HOLDINGS GROUP LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

erm recer		ROUPLLC	
SUBJECT		me of Limited Liability Company	
The enclose	ed Articles of Organization and	fee(s) are submitted for filing.	
Please retur	rn all correspondence concerni	ng this matter to the following:	
	Haim segul		
		Name of Person	2021 -
	JOHNSON HOLDINGS GRO	OUPLLC	FEB
JOHNSON HOLDINGS GROUP LLC SUBJECT: Name of Limite	Firm/Company	~ ~	
	2600 E Hallandale Beach BL	Vđ	T., A
		Address	ာ္ကုိ မွာ
	Hallandale FL 33009		<i>z.</i> ∾
		City/State and Zip Code	
-			
	·	to be used for future annual report notification)	
For further in	nformation concerning this mat	tter, please call:	
	Haim Segal	347 8557610 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amo	ount:	
□\$125.00			Status &
	Mailing Address	Street Address	
		New Filing Section Division	
	Division of Corporation P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

P.O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R1	ICI	\mathbf{I}	-	Na	me:

The name of the Limited Liability Company is:

JOHNSON HOLDINGS GROUP 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:
Haim Segal	
2600 E Hallandale Beach Blvd	SAME
Hallandale Beach FL 33009	

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.)

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

Haim Segal		
	Name	
2600 E Hallandale Be	ach Blvd	
Florida street address	(P.O. Box NOT ac	cceptable)
Hallandale Beach	FL	33009
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..

/s/ Haim Segal	
Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

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

Title:		Name and Address:		
	uthorized Member			
"MGR" = Ma	nager			
MGR		Haim Segal		
		2600 E Hallandale Beach Blvd		_
		Hallandale Beach FL 33009		<u> </u>
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document's effecti	ve date on the Department of	eet the applicable statutory filing requirements, this of State's records.	date will n	ot be list
RECOURCE	/s/ Haim	Segal		
	This document is execute I am aware that any false	mber or an authorized representative of a member of in accordance with section 605.0203 (1) (b), Flori information submitted in a document to the Departm felony as provided for in s.817.155, F.S.	da Statute:	
	_	•		17
	Haim Segal			7
		Typed or printed name of signee	٠.	63
		Filing Fees:	<i></i> :	2
\$125.00 Fil	ing Fee for Articles of Org	anization and Designation of Registered Agent		_
	rtified Conv (Ontional)		· · ·	Da-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)