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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From

Account Name : JTAX CORP
Account Number : 120200000009
Phone : (954)544-1000
Fax Number : (954)678-4500

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

Email Address:

HELLO@JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO. HOME UPGRADES BY J | J | C

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

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21 MAR -3 PH 8:

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HOME UPGRADES BY J 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:

10566 SLEEP BROOK WAY BOCA RATON, FL 33428

10566 SLEEP BROOK WAY BOCA RATON, FL 33428

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:

JTAX CORP

Name

23123 STATE ROAD 7 STE 315

Florida street address (P.O. Box NOT acceptable)

BOCA RATON City

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)

ARTICLE IV-

Title:		Name and Address:	
	Authorized Member		
"MGR" = Ma	inager		
AMBR		JOAO BATISTA MENDES	
		10566 SLEEPY BROOK WAY	
		BOCA RATON,FL 33428	
			
	 _		
			
			
	ent if necessary)		
(If an effective date is the date of filing.) Note: If the date inser	listed, the date must be spe	of filing: (OPTIONAL ecific and cannot be more than five business days prior t meet the applicable statutory filing requirements, this date	o or 90 days after
the document's effecti	ve date on the Department	of State 8 records.	
ARTICLE VI: Other p	provisions, if any.		
	HOME RE	MODELING SERVICES	
			<u>=</u>
			FIL MAR -3 Cre LART LAHASSE
REOUIRED	SIGNATURE:		## A
			SE T
	<u> </u>	mber or an authorized representative of a member.	$$ 82 \rightarrow \sim $=$
		ed in accordance with section 605.0203 (1) (b), Florida St	TTI CO. CO.
		information submitted in a document to the Department o	
		felony as provided for in s.817.155, F.S.	
	~		五≥ **
		NIRVANDO COLARES BATISTA	5 Z
		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)

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