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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone

: (786)845-8854

Fax Number

: (321)473-3052

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

FLORIDA LIMITED LIABILITY CO. J vJ Investment Realty Group LLC

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Help

COVER LETTER

TO: New Filing Section Division of Corporations	The Contract of the Contract o
J Y J INVESTMENT REALTY GROU	JP LLC 2
SUBJECT: Name of Limi	ited Liability Company
The enclosed Articles of Organization and fee(s) are	JP LLC ited Liability Company submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
JESSICA TORRES	
	Name of Person
TAX CARE CELEBRATION	
	Firm/Company
1400 NW 107TH AVE STE 203	
	Address
SWEETWATER FL 33172	
	ry/State and Zip Code
JESSICA.TORRES@TAXCAREINC.CO	***************************************
E-mail address: (to be used in	for future annual report notification)
For further information concerning this matter, please	call:
JESSICA TORRES 786	
	ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■\$125.00 Filing Fee \$\text{Ccrtificate of Status}	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	REALTY GROUP LL in the words "Limited I		"IC "or"IC")	
(iviusi coma	in the words - Linked	ыаотту сопрану,	D.D.C., Gr BBC.)	<i>2</i> 1.
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:	EL AF
<u>Principa</u>	l Office Address:		Mailing Address:	(n)
5608 NW 113TH AV	E	5608	NW 113TH AVE	(1) (1)
DORAL FL 33178		DOR	IAL FL 33178	
another business entity with an ac			You must designate an individual	••
•	ddress of the registered	l agent are: TENO GRILLO Name		.
•	JOSE DANIEL CEN	l agent are: TENO GRILLO Name		.
•	ddress of the registered	l agent are: TENO GRILLO Name		.
•	JOSE DANIEL CEN	l agent are: TENO GRILLO Name		.
The name and the Florida street a	JOSE DANIEL CEN 5608 NW 113TH AV Florida street addres	TENO GRILLO Name /E s (P.O. Box NOT ac	cceptable)	•

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized "MGR" = Manager	1 Member
AMBR	JOSE RAFAEL CENTENO
	5608 NW 113TH AVE
	DORAL FL 33178
	2.1. 25
AMBR	JOSE DANIEL CENTENO GRILLO JOSE DANIEL CENTENO GRILLO SAR NW 113TH AVE
VINDIX	56-8 NW 113TH AVE
	DORAL FL 33178
	··· ,
he date of filing.) Note: If the date inserted in this	e date must be specific and cannot be more than five business days prior to or 90 days a s block does not meet the applicable statutory filing requirements, this date will not be listen the Department of State's records.
REQUIRED SIGNAT	TURE:
	JOK LYT
S	Signature of a member or an authorized representative of a member.
This de	ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am av	ware that any false information submitted in a document to the Department of State
constit	utes a third degree felony as provided for in s.817.155, F.S.
	IOSE DARARI CENTRIO
	JOSE RAFAEL CENTENO Typed or printed name of signee
	Types of printed name of signee

as

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)