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4/30/2021

Page: 2 of 4 2021-04-30 15.04:48 GMT 13053284774 Division of Corporations Florida Dena t of State Sun er Ele mic hn nease print this page and use it as a cover sheet. Type the (shown below) on the top and bottom of all pages of the document. (((H21000174074 3))) H210001740743A6C-Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I2000000145 Phone : (305)444-4994 : (305)444-4977 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."\* Email Address:\_ 2021 APR 30 PH 4:56 FLORIDA LIMITED LIABILITY CO. JPS INTERNATIONAL SUPPORT SERVICES, LLC Certificate of Status 0 ----Certified Copy 1 03 Page Count \$155.00 Estimated Charge

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JPS International Support Services, LLC

(Must end with 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:
4300 S. Hwy. 27	4300 S. Hwy. 27
Clermont, FL 34711	Clermont, FL 34711

# 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:

CP.	A Partners, LLC	
	Name	
820	0-113th St. , Suite	103
Florida street address	(P.O. Box <u>NOT</u> a	acceptable)
Seminole	FL	33772
Сіту	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.,

Qessica Martin Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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#### ARTICLE IV-

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

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Michael Peters AMBR 4300 S. Hwy 27 Clermont, FL 34711 Ja Len Feters AMBR 4300 S. Hwy 27 Clermont, FL 34711

(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.)

Note: 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.

ARTICLE VI: Other provisions, if any. Any and all business purpose.

REOURED SIGNATURE:

Michael Potace. 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.

Michael Peters

Typed or printed name of signee

### Filing Feest

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2