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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
P:CK-U	, WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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2021 MAY 12 PM 2: 36

2011 MAY 12 AM II: 5

BOTHAY IO SER II.

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 808595 7950399

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: May 11, 2021

ORDER TIME : 10:27 AM

ORDER NO. : 808595-005

CUSTOMER NO: 7950399

DOMESTIC FILING

NAME: J&A GROUP 310 LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

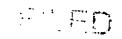
CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	J&A Grou	p 310 LLC			
SUBJEC		Name of	Limited Lial	bility Company	
The encl	osed Articles of	Organization and fee(s) are submitt	ed for filing.	
Please re	turn all correspo	ondence concerning this	matter to th	e following:	
	Jorge M. Vi	gil			
			Name	of Person	
	Jorge M. Vi	gil, PA			
			Firm/0	Company	
	265 Sevilla	Avenue			
			Ad	dress	
		_	City/State	and Zip Code	
	Corai Gables.		- 1 C - C		tous.
		E-mail address: (to be u		e annuar report nottricas	ion)
For further	rinformation co	ncerning this matter, pl	ease call:		
	Vivian Pou	at	786 (497-4450)	
	Naur	e of Person	Area Code	Daytime Telephor	ne Number
Enclosed	is a check for t	he following amount:			
≣\$125.0	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ig Address		Street Address	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
		ox 6327		2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	03



AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAY 12 AM 11:51

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECKETALLY OF STATE TALLAMASSEE, FL.

(Must conatin the words "Limited Liabi	ility Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limite	d Liability Company is:
Principal Office Address:		Mailing Address:
19790 W. Dixie Highway, Suite 802	197	790 W. Dixie Highway, Suite 802
Aventura, FL 33180	Αv	entura, FL 33180
The Limited Liability Company cannot serve as its own Reg		
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Registration another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	istered Agent.	
The Limited Liability Company cannot serve as its own Reg inother business entity with an active Florida registration.) The name and the Florida street address of the registered ages Jorge M. Vigil, Esq.	istered Agent.	
The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered ages	istered Agent.	
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.) The name and the Florida street address of the registered ages Jorge M. Vigil, Esq. Na. 265 Sevilla Avenue	istered Agent. nt are:	You must designate an individual or
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.) The name and the Florida street address of the registered ages Jorge M. Vigil, Esq. Na.	istered Agent. nt are:	You must designate an individual or
The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.) The name and the Florida street address of the registered agest Jorge M. Vigil, Esq. Na. 265 Sevilla Avenue	istered Agent. nt are:	You must designate an individual or

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)

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

<u>Title:</u> "AMBR" =	Authorized Member	Name and Address:	
"MGR" = N			
MGR		John J. Brunetti, Jr.	
		19790 W. Dixie Highway, Suite 802	_
		Aventura, FL 33180	_
Mon		ol p	40
MGR		Olena Brunetti 19790 W. Dixie Highway, Suite 802	10
		Aventura, FL 33180	
			_ > ₹
			ا ماند. ماند
			
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		·	프롤
			<u>-</u>
			_
If an effective date is ne date of filing.) <u>Note:</u> If the date insc	s listed, the date must be	ate of filing: specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not of State's records.	•
RTICLE VI: Other	provisions, if any.		
REOUIRE	D SIGNATURE:		
	This document is exe	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.	
		Jorge M. Vigil	
		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)

COVER LETTER

	ew Filing Se- ivision of Co					
SUBJECT	J&A Grou	p 310 LLC				
SOBJECT	· 		of Limi	ted Liabi	lity Company	
The enclos	ed Articles of	f Organization and fe	e(s) are	submitte	i for filing.	
Please retu	m all corresp	ondence concerning	this mat	er to the	following:	
	Jorge M. Vi	gil				
		· · · · · ·		Name of	f Person	
	Jorge M. Vi	gil, PA				
				Firm/Co	ompany	
	265 Sevilla	Avenue				
				Addı	ess	
			Cit	y/State ar	nd Zip Code	
	Coral Gables	 				
					annual report notificat	ion)
For further in	itormation co	ncerning this matter,	, picase c	call:		
	Vivian Pou		786 _at (497-4450 	
	Nam	ic of Person	Аге	a Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amount	:			
≣\$125.00		□\$130.00 Filing Certificate of Stat	Fee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fe Certificate of Status Certified Copy (additional copy is encl
		ng Address			Street Address	intala
		iling Section			New Filing Section Di The Centre of Tallaha	
		on of Corporations Sox 6327			2415 N. Monroe Street	