Division of Corporations Electronic Filing Cover Sheet

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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Corporate Filing Menu

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Help

Electronic Filing Menu

ARTICLE I - Name:

The name of the Limited Liability Company is:

Page, 4 of 5

JJ ROMA INVESTMENT 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:		
341 Micklers Road	341 Micklers Road		
St Augustine, Fl 32080	St Augustine, Fl 32080		
RTICLE III - Registered Agent, Registered Office, & F	legistered Agent's Signature:		

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

City

another business entity with an active Florida registration.)

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

LINDA ROTH, P.A. Name 2333 Brickell Avenue, Suite A-1 Florida street address (P.O. Box NOT acceptable) Miami

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)

State

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR 1031 EXCHANGE SERVICES, LLC 341 Micklers Road St Augustine, FI 32080 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: 6/18/21 _. (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 filling 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. REQUIRED SIGNATURE:

LINDA ROTH, Authorized Representative

constitutes a third degree felony as provided for in s.\$17.155, E.S.

Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)