

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Jiraf International Company, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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COVER LETTER

TO: REGISTRATION SECTION - DIVISION OF CORPORATIONS
SUBJECT: NAME OF LLC: JIRAF INTERNATIONAL COMPANY, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NAME OF PERSON: EUSTACHE NORTELUS

ADDRESS: 3692 COCOPLUM CIRCLE, COCONUT CREEK, FL 33063-5982

E-MAIL ADDRESS: (TO BE USED FOR FUTURE ANNUAL REPORT NOTIFICATION): EUSTACHE NORTELUS;EUSTACHENORTELUS@GMAIL.COM.

For further information concerning this matter, please call: EUSTACHE NORTELUS at 561.542.0291, EUSTACHENORTELUS@GMAIL.COM.

Enclosed is a check for the following amount: \$_____.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

JIRAF INTERNATIONAL COMPANY, 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:
JIRAF INTERNATIONAL COMPANY, LLC. 2700 WEST ATLANTIC BLVD, #204, POMPANO BEACH, FL 33069	JIRAF INTERNATIONAL COMPANY, LLC. 3692 COCOPLUM CIRCLE, COCONUT CREEK, FL 33063-5982

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.)

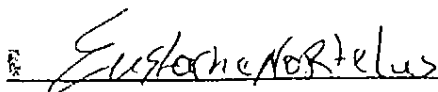
The name and the Florida street address of the registered agent are:

Name: EUSTACHE NORTELUS

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

JIRAF INTERNATIONAL COMPANY,
LLC. 2700 WEST ATLANTIC BLVD,
#204, POMPANO BEACH, FL 33069.

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.



EUSTACHE NORTELUS
Registered Agent's Signature (REQUIRED)

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ARTICLE IV – Manager(s) or Managing Members(s):

The name and address of each Manager or Managing Member is as follows:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	EUSTACHE NORTELUS JIRAF INTERNATIONAL COMPANY, LLC. 3692 COCOPLUM CIRCLE, COCONUT CREEK, FL 33063-5982

ARTICLE V – Effective date, if other than the date of filing: N/A (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.)

REQUIRED SIGNATURE:


EUSTACHE NORTELUS

(Signature of a member or an authorized representative of a member.)

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

EUSTACHE NORTELUS
Typed or Printed Name of Signee

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