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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : JTAX CORP
Account Number : I2020000009
Phone : (954)544-1000
Fax Number : (954)678-4500

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

Email Address: HELLO@JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO.
BIG NOTES LLC

Certificate of Status	
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Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BIG NOTES USALLC	
(Must contain the words "Limited Liability	y 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:
5360 NW 52ND ST	SAME
COCONUT CREEK, FL 33073	
ADTICLE III - Panistared Agent Penistared (195ca & Peni	

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:

JTAX CORP Name 23123 STATE ROAD 7 STE 315 Florida street address (P.O. Box NOT acceptable) HLBOCA RATON City 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

Page: 3 of 3

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

<u>Title:</u>		Name and Address:		
"AMBR" $=$ Auth				
"MGR" = Manaş	ger			
AMBR		VALERIA VIANI OTONI		
71. TION	 	5360 NW 52ND ST		
		COCONUT CREEK, FL 33073		
				
				
(Use attachment	if necessary)			
e date of filing.)		ific and cannot be more than five business days pri- ect the applicable statutory filing requirements, this days		
	date on the Department of			or notes as
ic document a checure (sale on the Department of	otate 5 feetings.		
RTICLE VI: Other provisic instrument lessons				
REOUIRED SIG	GNATURE:			
	Signature of a men	iber or an authorized representative of a member.		
7		d in accordance with section 605.0203 (1) (b), Florida		
		nformation submitted in a document to the Departme		
		felony as provided for in s.817.155, F.S.	in of State	
·	onstitutes a timu degree i	iciony as provided for in 8.617.133, 14.8.		
		NIRVANDO COLARES BATISTA		
				
		Typed or printed name of signee		
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		Filing Fees:	<u></u>	<u></u>
\$125,00 Filing	Fee for Articles of Orga	inization and Designation of Registered Agent	ALL ME	.9
\$ 30.00 Certif	fied Copy (Optional)		,	છ

\$ 5.00 Certificate of Status (Optional)

