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

Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE
TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE USE FUNDS FROM ACCT: 1202100001	60 AMOUNT: 160.00
Authorized Signature: JTJ INVESTMENT HOLDINGS. LLC Corporation Name & Document Number, (if kn	own):
(Business Name)	Document#
Walk in	Pick up time
Mail out	Will wait
Photocopy	
X Certified Copy of Articles of Organization	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/Director
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country	Other

COVER LETTER

TO: New Filing Section

Division of Co	rporations			
SUBJECT:	JTJ INVESTI	MENT HOL	DINGS, LLC	
	Name of Li	mited Liabil	ty Company	
The enclosed Articles o	f Organization and fee(s) ar	e submitted	for filing.	
Please return all corresp	ondence concerning this m	atter to the f	ollowing:	
	115	EFFREY TA	YLOR	
	<u></u>	Name of	Person	
	JTJ INVES	TMENT HO	OLDINGS, LLC	
		Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·
	27	9 VELERO	S CT	
-		Addr	ess	
	CORA	L GABLES	, FL 33143	
		City/State an		
	<u></u>	tj@taylorca		
	E-mail address: (to be used	I for future a	nnual report notificati	on)
For further information co	oncerning this matter, pleas	e call:		
JEFF TAYI		305	790-7904	
Nar		rea Code	Daytime Telephone	e Number
Enclosed is a check for	the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Divis P.O. I	ing Address Filing Section ion of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assec et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

2021 OCT 14 PH 3: 54 SECRETALY OF STATE TALLATIANSEE, FL

17	1.1	INV	TPSIN	MEN	THO	LDING	S. LLC
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(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:	Maning Address:
279 VELEROS CT	279 VELEROS CT
CORAL GABLES, FL 33143	CORAL GABLES, FL 33143

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:

Ţ)	EFFREY TAYLO	R
	Name	
279 VELEROS CT		
Florida street address (P.O. Box NOT a	cceptable)
CORAL GABLES	FL	33143
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 jurther 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..

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	JEFFREY TAYLOR 279 VELEROS CT CORAL GABLES, FL 33143
MGR	JACLYN TAYLOR 279 VELEROS CT CORAL GABLES, FL 33143
	SECTE PARTY PARTY SECTION OF THE SEC
(Use attachment if necessary)	STATE FL
(If an effective date is listed, the date mu: the date of filing.)	the date of filing:
ARTICLE VI: Other provisions, it any.	
This doctinent i	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	JEFFREY TAYLOR 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)