

From: Jtax Corp
1/11/22, 11:54 AM

Fax: 19546784500

To:

Fax: (850) 617-6381

Page: 1/3

1/11/2022 12:00 PM

Handwritten: 22000012440

Florida Department of State
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.

((H22000013904 3))



H220000139043ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : JTAX CORP
Account Number : I20200000009
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.
ASN PROPERTIES LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help *[Handwritten signature]*

2022 JAN 11 AM 8:54

2022 JAN 11 PM 12:24

REC'D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASN PROPERTIES 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:

23123 STATE RD 7 315 OFFICE B
BOCA RATON, FL 33428

SAME

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)

BOCA RATON FL 33428
City State Zip

2022 JAN 11 AM 9:54

ED

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

ANTONIO DA SILVA NETO
ALAMEDA DA SERRA 858, APT 804 01
VILA DA SERRA, NOVA LIMA, MG BRAZIL 34.006 065

AMBR _____

FREDERICO ALVES NETO
ALAMEDA PAU BRASIL 95
FRANCISCO PEREIRA, LAGOA SANTA, MG BRAZIL 33.236-336

AMBR _____

GUILHERME ALVES NETO
RUA AZUL DA AMPLIADAO 10
VALE DOS CRISTAIS, NOVA LIMA, MG, BRAZIL 34.008-071

AMBR _____

RAFAEL ALVES NETO
AVENIDA DAS CONSTELACOES 725, BLDG 3 APT 104
VALE DOS CRISTAIS, NOVA LIMA, MG, BRAZIL 34 008-050

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 filing 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:



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 constitutes a third degree felony as provided for in s.817.155, F.S.

NIRVANDO COLARES BATISTA
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)