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.

(((H22000028703 3)))



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 : DOCUMENT PLANET INC

Account Number : I20180000095 : (305)510-3848

Fax Number

: (786)789-2416

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

INFO@DOCUMENTPLANETING.COM

Email Address: 39 65

# FLORIDA LIMITED LIABILITY CO. J & A INVESTMENT PROPERTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## H220000287033

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

He little of the Entitled En	iability Company is:		
J & A INVESTI	MENT PROPERTY LLC		
(Must	t contain the words "Limited I	Liability Company, *	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	reet address of the principal o	office of the Limited	Liability Company is:
<u>Pri</u>	incipal Office Address:		Mailing Address:
1635 W 44TH F	PLACE # 305		
HIALEAH FL			
	DOCUMENT PLAN	NET INC Name	
	4167 NW 135 STRE	ET	
	4167 NW 135 STRE Florida street addres		eceptable)
		ss (P.O. Box <u>NOT</u> ac	cceptable) 33054
	Florida street addres  OPA LOCKA  City	State	33054 Zip
place designated in this certij Turther agree to comply with	Florida street addres  OPA LOCKA  City  tered agent and to accept serv  ficate, I hereby accept the app  the provisions of all statutes r  the obligations of my position	State  FL  State  vice of process for the pointment as registere relating to the proper	33054  Zip  above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and as provided for in Chapter 605, F.S
place designated in this certij urther agree to comply with	Florida street addres  OPA LOCKA  City  tered agent and to accept serv  ficate, I hereby accept the app  the provisions of all statutes r  the obligations of my position	State  FI.  State  vice of process for the cointment as registered agent as registered agent at the proper as registered agent	33054  Zip  above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and as provided for in Chapter 605, F.S
lace designated in this certij orther agree to comply with	Florida street addres  OPA LOCKA  City  tered agent and to accept serv  ficate, I hereby accept the app  the provisions of all statutes r  the obligations of my position	State  FL  State  vice of process for the cointment as registere as registered agent a	33054  Zip  above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and as provided for in Chapter 605, F.S

H220000287033

Ð

## H220000287033

MGR NORBERTO D RAMIREZ  1635 W 44TH PLACE #305  HIALEAH FL 33012   Use attachment if necessary)  EV: Effective date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sent seffective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:    Vorberto Raminez	Title: "AMBR" – Authorized Member	Name and Address:
Use attachment if necessary)  I.V: Effective date, if other than the date of filing:		
Use attachment if necessary)  I.V: Effective date, if other than the date of filing:	MGR	NORBERTO D RAMIREZ
Use attachment if necessary)  V. Effective date, if other than the date of filing:		1635 W 44TH PLACE #305 HIALEAH FL 33012
Use attachment if necessary)  I.V. Effective date, if other than the date of filing:		III III JOIL
Use attachment if necessary)  I.V. Effective date, if other than the date of filing:		
Use attachment if necessary)  2.V: Effective date, if other than the date of filing:		
Use attachment if necessary)  V: Effective date, if other than the date of filing:		
Use attachment if necessary)  V: Effective date, if other than the date of filing:		
Use attachment if necessary)  V: Effective date, if other than the date of filing:	····	
EV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
CV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
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.  NORBERTO D RAMIREZ  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)	tive date is listed, the date must be sp filing.) he date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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.  NORBERTO D RAMIREZ  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)	ctive date is listed, the date must be sp filling.) he date inserted in this block does not tent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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.  NORBERTO D RAMIREZ  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)	ctive date is listed, the date must be sp filling.) the date inserted in this block does not the date inserted in the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not to of State's records.
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)	filing.)  he date inserted in this block does not lent's effective date on the Department.  VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not to of State's records.
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)	ctive date is listed, the date must be sp f filing.) the date inserted in this block does not the date inserted in the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m This document is execulated any fals	meet the applicable statutory filing requirements, this date will not to of State's records.  Arberto Raminez  ember or an authorized representative of a member.  ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ctive date is listed, the date must be sp [filing.] he date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  Signature of a m This document is exect I am aware that any fals constitutes a third degree	meet the applicable statutory filing requirements, this date will not to of State's records.  Particle Ranning  ember or an authorized representative of a member.  teed in accordance with section 605.0203 (1) (b). Florida Statutes.  the information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S.  RAMIREZ
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ctive date is listed, the date must be specifing.)  the date inserted in this block does not bent's effective date on the Department CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many This document is executed a many false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records.  Particle Ranning  ember or an authorized representative of a member.  teed in accordance with section 605.0203 (1) (b). Florida Statutes.  the information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S.  RAMIREZ
\$ 5.00 Certificate of Status (Optional)	Filing.)  he date inserted in this block does not lent's effective date on the Department CVI: Other provisions, if any.  Signature of a m  This document is exect I am aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records.  **Portion Ranges**  **Emberor an authorized representative of a member.**  atted in accordance with section 605.0203 (1) (b). Florida Statutes.**  the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.  **RAMIREZ**  Typed or printed name of signee**  Filing Fees:
	Signature of a m This document is exect I am aware that any false constitutes a third degree  NORBERTO D  \$125.00 Filling Fee for Articles of Or	meet the applicable statutory filing requirements, this date will not to of State's records.  **Portion Ranges**  **Emberor an authorized representative of a member.**  atted in accordance with section 605.0203 (1) (b). Florida Statutes.**  the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.  **RAMIREZ**  Typed or printed name of signee**  Filing Fees:
	ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  Signature of a m This document is exect I am aware that any fals constitutes a third degree  NORBERTO D  \$125.00 Filling Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date will not to of State's records.  **Property Camera**  **ember or an authorized representative of a member.**  **ted in accordance with section 605.0203 (1) (b). Florida Statutes.**  **ted in in accordance with section 605.0203 (1) (b). Florida Statutes.**  **te felony as provided for in s.817.155, F.S.*  **RAMIREZ**  Typed or printed name of signee  **Filing Fees:**  **ganization and Designation of Registered Agent**
H220000287033	ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  Signature of a m This document is exect I am aware that any fals constitutes a third degree  NORBERTO D  \$125.00 Filling Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	meet the applicable statutory filing requirements, this date will not to of State's records.  **Derberto Ramarez**  **ember or an authorized representative of a member.*  **ited in accordance with section 605.0203 (1) (b). Florida Statutes.*  **ee information submitted in a document to the Department of State to felony as provided for in s.817.155, F.S.  **RAMIREZ**  Typed or printed name of signee  **Filing Fees:*  **rganization and Designation of Registered Agent**