

2/11/22, 4:07 AM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FELDMAN & ASSOCIATES
Account Number : I20130000018
Phone : (305)931-0433
Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 FEB 15 AM 1:19

FILED

**FLORIDA LIMITED LIABILITY CO.
JTCS52 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 FEB 15 AM 8:21

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S. CHATHAM

FEB 16 2022

FILED**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

22 FEB 15 AM 1:49

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDAJTCSS2 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:**9801 Collins Avenue, Unit 8W
Bal Harbour, FL 331549801 Collins Avenue, Unit 8W
Bal Harbour, FL 33154**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:

Paul Feldman, P.A.N/A2750 NE 185th Street, Suite 203Florida street address (P.O. Box **NOT** acceptable)AventuraFL33180CityStateZip

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, FS



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:

MGR

Chantal BELLISIA
9801 Collins Avenue, Unit 8W
Bal Harbour, FL 33154

MGR _____

Salomon Sam BELLISHA
9801 Collins Avenue, Unit 8W
Bal Harbour, FL 33154

MGR

Nicole Bouhadana
9801 Collins Avenue, Unit 8W
Bal Harbour, FL 33154

(Use attachment if necessary)

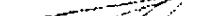
ARTICLE V: Effective date, if other than the date of filing _____. (OPTIONAL.)

(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: 

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.

PAUL FELDMAN

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TREASURER, FINANCIAL