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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JOJAMA INVESTI	MENTS LLC		
	·		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
		_	Dissolution / Withdrawal
			Annual Report / Reinstatement
		_	Cert. Copy
			Photo Copy
		<u> </u>	Certificate of Good Standing
		<u> </u>	Certificate of Status
		<u> </u>	Certificate of Fictitious Name
		_	Corp Record Search
		_	Officer Search
		_	Fictitious Search
Signature			Fictitious Owner Search
_			Vehicle Search
			Driving Record
Requested by: SETH		_	UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Marile	Date	-	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

	ew Filing Section vision of Corporations	
SUBJECT:	JOJAMA INVESTMEN Name of Lin	ST, LL
00000	Name of Lin	nited Liability Company
The enclose	ed Articles of Organization and fee(s) are	e submitted for filing.
Please retur	n all correspondence concerning this ma	atter to the following:
	MATHEN VADAPARANI	Pt L Name of Person
		Name of Person
		Firm/Company
	3138 LEGENSS CIR	CCE
		Address
	INKELWO FL 33803	
	mathewlo@me.com	City/State and Zip Code
-		for future annual report notification)
For further in	nformation concerning this matter, pleas	·
м	Name of Person A	TST 2 246 - 65 36 Area Code Daytime Telephone Number
	s a check for the following amount:	
	_	\$155.00 Filing Fee & S160.00 Filing Fec. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED	
SECRETARY OF STATE	•
401£224	ζ.

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 FEB 23 AM IO: 35

		HU IO: 32 I
TOMMISSUM AMAZOL	, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office o	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	

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:

MATHE	w VA	DACA	while !	<u> </u>
		Name		
3138	LEGEN	525	CIRCL	Æ
Florida stre	et address	(P.O. E	Box <u>NOT</u> a	cceptable)
LAKE	LAND	17		33803
	City	St	ate	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..

Methen: Virilagear Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Munager	MATHEW VADAFARAMPIC		
	LAKERAND FL 33503		
MGR	SUSAN VADAFARAMPIL 3138 LEGENDS CIRCUE	•	
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Filing Fees:

MATHEN VADA (AGAIN PIL.

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)