3/7/22, 2:2

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. INVESTMENTS B&J LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:						
INVESTMENTS B&	LLC						
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street add	dress of the principal c	office of the Limited	I Liability Company is:				
<u>Principa</u>	l Office Address:		Mailing Ac	idress:			
2454 SW 143 PLACE		245	4 SW 143 PLACE				
MIAMI, FL 33175			AMI, FL 33175		<u> </u>		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent. on.) Lagent are:	You must designate an	individual or	LUKETARY OF S LAHASSEE, FL	2022 MAR - 7 AM	
	MARCIA LADIMILAT	Name	12	-	07	ça	
	2454 SW 143 PLAC				TATE ORIDA	. 6	
	Florida street addres	s (P.O. Box <u>NOT</u>)	ecceptable)	•			
	MIAMI	FL	33175				
	City	State	Zip				
Having been named as registered a	gent and to accept serv	ice of process for th	e above stated limited l	iability compan	y at the		

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)

From: Yanet Avila

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	KAREN YASMIN DE CAMPOS ORTIZ 2454 SW 143 PLACE MIAMI. FL 33175
	E CARE
	(A)
(Use attachment if necessary)	
ective date is listed, the date must be	late of filing: (OPTIONAL) (OPTIONAL).
of filling.) The date inserted in this block does not ment's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will no ent of State's records.
E VI: Other provisions, if any.	
- · · · · · · · · · · · · · · · · · · ·	
REOUIRED SIGNATURE:	Kamp Lactor

Filing Fees:

Typed or printed name of signee

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

Karen Yasmin De Campos Ortiz

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)