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.

(((H22000090841 3)))



H220000908413ABC-

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

: (305)444-4994

Phone Fax Number

: (305)328-4774

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

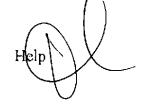
Email Address:_

FLORIDA LIMITED LIABILITY CO. JCR FLORIDA CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:			
JCR FLORIDA CONST	RUCTION LLC			
(Must contain	the words "Limited Li	ability Company, "L	"L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal off	ice of the Limited L	iability Company is:	
Principal	Office Address:		Mailing Address:	
3322 SW 24 ST		SAMI	3	
MIAMI, FL 33145				
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac- The name and the Florida street ac-	annot serve as its own tive Florida registration	Registered Agent. Y n.) l agent are:	'ou must designate an indivi	idual or
		Name		∑. 2
	255 EAST FLAGLE			
	Florida street address (P.O. Box NOT acceptable)			2022 MAR Seurei Millaha
	MIAMI	FL	33131	ASSI ASSI
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appositions of all statutes ligations of my position	relating to the proper as registered agent	er and complete performance as provided for in Chapter	e of my duties and I
		(CONTINUEI	יי	

Page: 4 of 4

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	-		
AMBR	JAYSON EDUARDO RODRIGUEZ	CASTILLO	
	3322 SW 24 STREET		
	MIAML FL 33145		
	<u></u>		
(Use attachment if necessary)			
(Ose ameninent it soccasary)		<u> </u>	2
CLE V: Effective date, if other than the	date of filing:	(OPTIONAL) 🧮	~3
	e specific and cannot be more than five bus		day y a Yi
	_	*>	
	not meet the applicable statutory filing requir	ements, this date will not	be हिस्ट
cument's effective date on the Departu	ent of State's records.	<u> </u>	_
OF FIRE Of an analysis of Page		بند لم. نيد الم	
CLE VI: Other provisions, if any.			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> 60</u>
			- <del>6</del>
	7 0		
REQUIRED SIGNATURE:	(   /		
	John		
	<i>J. 4)**</i>		
Signature of	a member of an authorized representative	of a member.	
i his document is 6.	xecuted in accordance with section 605.0203 false information submitted in a document to	(1) (0), rionda Statutes.	
	muse into distroit subtitues in a document if	S. The Department of State	

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)