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(Requestor's Name)
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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		PICK	UP:	3/10/2022 DANNY		
		CERTIFIED COPY				
	XX	РНОТОСОРУ				
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	XX	FILING	LLC			
1.		J. ROCHA INTERIORS,				
2.		(CORPORATE NAME AND DOCUM	IENT #)		-7-2	<u> </u>
3.		(CORPORATE NAME AND DOCUM	IENT #)			
4.		(CORPORATE NAME AND DOCUM	ENT #)			
5.		(CORPORATE NAME AND DOCUM	 ENT #)			
6.		(CORPORATE NAME AND DOCUM	ENT #)			
	CIAI TRU	I. CTIONS:				, _

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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J. Rocha Interiors, LLC	TARY OF STATE
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	MULAHASSEE, FL

ARTICLE II - Address:

<u>Prin</u>	cipal Office Address:	Mailing Address:
6151 S-W 86th S	treet South	6151 S-W 86th Street South
Miami, Florida 3.	3143	Miami, Florida 33143
The Limited Liability Comp	Agent, Registered Office, & Re any cannot serve as its own Regi an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual o
The Limited Liability Comp nother business entity with	any cannot serve as its own Regi	stered Agent. You must designate an individual o
The Limited Liability Comp nother business entity with	any cannot serve as its own Regi an active Florida registration.)	stered Agent. You must designate an individual o

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..

Florida street address (P.O. Box NOT acceptable)

Florida

State

Bv:

Naples.

City

ered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR, MGR Jesse Vieira da Rocha 6151 S-W 86th Street South Miami, Florida 33143 AMBR, MGR Filipe Vieira da Rocha 6151 S-W 86th Street South Miami, Florida 33143 (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 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.

Charles M. Kelly, Jr.

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)