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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
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CORPORATIONS
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FLORIDA LIMITED LIABILITY CO. JCM RE INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is:
JCM RE INVESTMENTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
**3409 HAMPTON BLVD
ALVA, FL. 33920**

The mailing address of the Limited Liability Company is:
**3409 HAMPTON BLVD
ALVA, FL. 33920**

Article III

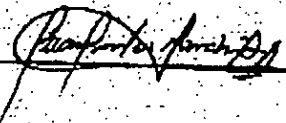
Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
**JUAN CARLOS MARCHAN
3409 HAMPTON BLVD
ALVA, FL. 33920**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature:



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION
TALLAHASSEE, FLORIDA

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Article V

The name and address of person(s) authorized to manage the LLC:

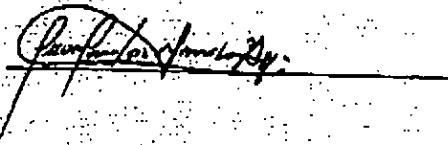
Title: AMBR

JUAN CARLOS MARCHAN

3409 HAMPTON BLVD

ALVA, FL 33920

Signature:

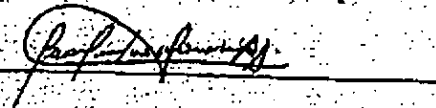
**Article VI**

The effective date of this Limited Liability Company Shall be:

04/14/2022

Signature of member or an authorized representative:

Signature:



I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

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