

**L22000172588**

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
J.A.B CARPENTRY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

S. CHATHAM

APR 27 2022

*Second Request*

Electronic Filing Menu

Corporate Filing Menu

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

J, A, B. carpentry LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

225 West 61 st  
 Hialeah, 33012

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: (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.)

✓ Jose Alberto Blandon  
 225 West 61st  
 Hialeah, 33012

**ARTICLE IV:**

The name and title of each person authorized to manage and control the Limited Liability Company:

Jose Alberto blandon A, M, B, R  
 Jamdiel salinas Blandon A, M, B, R

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**Required Signatures:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Jose Alberto M. Murchon  
\_\_\_\_\_  
**Typed or printed name of signee**

Having been named as registered agent and to accept service of process for the above state 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)**

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DEPT. OF STATE  
TALLAHASSEE  
FL 92107

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