

L220000182057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

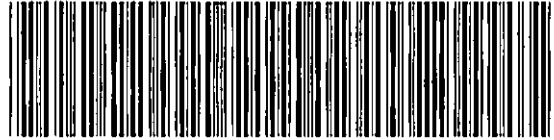
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900385795219

FILED

2022 MAY -3 AM 8:48

CLERK OF COURT
TALLAHASSEE, FL

RECEIVED

2022 MAY -2 PM 12:00

CLERK OF COURT
TALLAHASSEE, FL

125

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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

WALK IN

PICK UP: 5/2 Danny

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- CUS** _____
- xx** **FILING** LLC _____

1. **JED ONE, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**Please debit this account:
FCA000000011**

\$ 125.00

Deinda Benth



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2022

CORPORATE ACCESS

SUBJECT: JED ONE, LLC
Ref. Number: W22000056880

Corrected

We have received your document for JED ONE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the spelling of the Ambr.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A0001012

DIRECT MAIL SERVICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY -3 PM 3:00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 MAY -3 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

JED ONE, LLC

ARTICLE II - Address:

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

Principal Office Address:

9000 SHERIDAN ST, STE 138
PEMBROKE PINES, FL 33024

Mailing Address:

9000 SHERIDAN ST, STE 138
PEMBROKE PINES, FL 33024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DEBORAH GONZALEZ RIOS
9000 SHERIDAN ST, STE 138
PEMBROKE PINES, FL 33024

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

(CONTINUED)

ARTICLE IV- Members/Managers

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

DEBORAH GONZALEZ RIOS
9000 SHERIDAN ST. STE 138

PEMBROKE PINES, FL 33024

FILED
2022 MAY -3 AM 8:49
SHERIDAN ST. STE 138
PEMBROKE PINES, FL
33024

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is May 2, 2022.

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.

DEBORAH GONZALEZ RIOS

Typed or printed name of signee