

L22000186532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

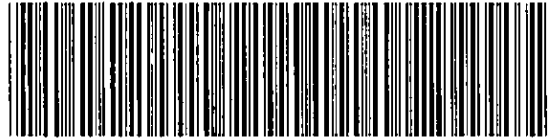
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600385795656

FILED

2022 MAY -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 MAY -4 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FL

**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:** 5/4 Danny

**CERTIFIED COPY**

**XX PHOTOCOPY**

**CUS**

**XX FILING**

**LLC**

**1. GRUPO JJ STUDWELDING, 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**

*Quinda Bent*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GRUPO JJ STUDWELDING, 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:**

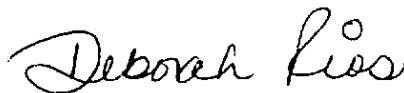
**9000 SHERIDAN ST, STE 138  
PEMBROKE PINES, FL 33024**

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

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

**RCG ACCOUNTING & ASSOCIATES, INC.  
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)

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY -4 PM 12:01

FILED

**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**

**JORGE J. JIMENEZ JIMENEZ**

BVLD. ARCO DE PIEDRA NO. 202 CASA 66  
COLONIA SALITRE, JURICA, QUERÉTARO 76127  
MEXICO

**AMBR**

**PEDRO JIMENEZ JIMENEZ**

AV. CAMPANARIO NO. 98 CASA 133  
COLONIA EL CAMPANARIO, QUERÉTARO, 76146  
MEXICO

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is May 4, 2022.

REQUIRED SIGNATURE:

**/S/JORGE J JIMENEZ JIMENEZ**

**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.

**JORGE J JIMENEZ JIMENEZ**

**Typed or printed name of signer**

STATE  
DEPARTMENT OF  
CORPORATIONS  
2022 MAY -4 PM 12:01  
KILAHASSEE, FL

**FILED**