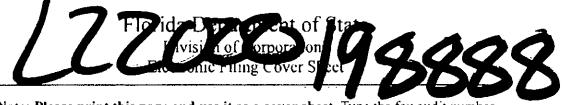
5/12/22, 4:37 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000171178 3)))



H220001711783ABC\$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6381

From:

Account Name : LEGAL TEAM PLLC Account Number : 120210000040 Phone : (786)307-2393 Fax Number : (123)456-789

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

erick@sqlawfl.com

Email Address:\_\_\_\_\_

# FLORIDA LIMITED LIABILITY CO.

JM Southwest, LLC

AY 13 AM 9: 38

AY 13 AM 9: 38

AN 13 AM 9: 38

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



2022-05-12 20:55:23 GMT

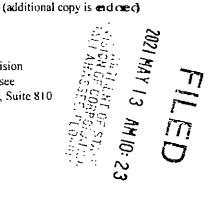
DocuSign Envelope ID: E060CBF7-39FB-4FEF-AEA8-C402E1A5FB73

	cov	ER LETTI	ER .	
TO: New Filing Sec Division of Cor				
JM SOUTI	IWEST, LLC			
	Name of Lim	ited Liabilit	Company	<del></del>
The enclosed Articles of	Organization and fee(s) are	submitted f	or filing.	
Please return all correspo	ondence concerning this mat	iter to the fo	llowing:	
Erick Trelles	, Esq.			
		Name of I	द्धा	
Shehadeh Gi	annamore, PLLC			
<del></del>		lîm(cn	цпу	
620 S. Le Je	une Road			
		Adtre	Ŗ.	
Coral Gables	s, Florida 33134			
:10.1		ty/State and	Zip Code	
erick@sglawf	Loom E-mail address: (to be used t	for future an	and report notification	
	•		подгтерон поинсано	110)
For further information co	nceming this matter, please	call:		
Erick Trelles	30: at (		281-6074	
Nin		ea Code	Daytime Telephone	Number
Enclosed is a check for the	ne following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy

 $\underline{MailingAddress}$ 

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



DocuSign Envelope ID: E060CBF7-39FB-4FEF-AEAB-C402E1A5FB73

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

### JM SOUTHWEST, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
620 S. Le Jeune Road	620 S. Le Jeune Road
Coral Gables, FL 33134	Coral Gables, FL 33134

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

(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.)

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

Shehadeh Giannamo	ne, PLLC Nima	
620 S. Le Jeune Ro	nd	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Coral Gables	FL	33134
Cly	State	Zip

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 **Fis** 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 Oxptr 605, FS

Jalal Studiadele

Registered Agent's Signature (EQ) RED

(CONTINUED)



DocuSign Envelope ID: E060CBF7-39FB-4FEF-AEA8-C402E1A5FB73

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jalal Shehadeh
	620 S. Le Jeune Road Coral Gables, FL 33134
<del></del>	
(Use attachment if necessary)	
ective date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's	date of filing:
ective date is listed, the date must bot filing.) It the date inserted in this block does rement's effective date on the Department's effective date on the Department's other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
ective date is listed, the date must be of filing.) It the date inserted in this block does a ment's effective date on the Department's Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.  —Docustiqued by:
ective date is listed, the date must be filling.) It the date inserted in this block does rement's effective date on the Departm EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of: This document is ex I am aware that any	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
ective date is listed, the date must be filling.) It the date inserted in this block does rement's effective date on the Departm EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of: This document is ex I am aware that any	Docusioned by:  Jala Sheladli  a member or an authorized representative of a member.  decented in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.
ective date is listed, the date must be of filing.) It the date inserted in this block does a ment's effective date on the Department's effective date of th	Docusioned by:  Jala Sheladle a member or an authorized representative of a member.  decented in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.
ective date is listed, the date must be of filing.) It the date inserted in this block does a ment's effective date on the Department's effective date of th	Docusioned by:  Jalah Shelhadelt  a member or an authorized representative of a member.  ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.  Eth  Typed or printed name of signet  Filing Fees:  Organization and Designation of Registered Agent