Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3589

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

Email Address:
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## FLORIDA LIMITED LIABILITY CO.

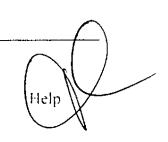
JS Florida Management, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

Electronic Filing Menu

2022 JUE -8 AH 11: 53

Corporate Filing Menu



· Voorp Services, LLC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JS Florida Manaj				_
(Must o	contain the words "Limited Liab	oility Company,	L.L.C.," or "LLC,")	
RTICLE II - Address: ne mailing address and stre	et address of the principal office	e of the Limited	.iability Company is:	
<u>Prit</u>	icipal Office Address:		Mailing Address:	
408 NE 6TH ST	UNIT 204	408	SE 6TH ST UNIT 204	~
FT LAUDERDA		<u> </u>	AUDERDALE, FL 33304 💝 🚈	[22] 
			<b>▼</b>	
he Limited Liability Comp		Registered Agent gistered Agent, N	t's Signature:	2022 JUN -8
he Limited Liability Compother business entity with	Agent, Registered Office, & Foany cannot serve as its own Regan active Florida registration.)  eet address of the registered agr  Joseph Schpok	gistered Agent, \	Cs Signature:  Ou must designate an individual 661	8
he Limited Liability Compother business entity with	pany cannot serve as its own Regan active Florida registration.)  eet address of the registered against Joseph Schpok	gistered Agent, \	t's Signature:	JUN -8 AM 10: 15
he Limited Liability Compother business entity with	pany cannot serve as its own Regan active Florida registration.)  eet address of the registered against Joseph Schpok	gistered Agent. \ ent are.  ame	t's Signature:	8
he Limited Liability Compother business entity with	pany cannot serve as its own Regan active Florida registration.)  eet address of the registered aga  Joseph Schpok  N	gistered Agent, Vent are.	on must designate an individual 667 1	8
he Limited Liability Compother business entity with	pany cannot serve as its own Regan active Florida registration.)  eet address of the registered agr  Joseph Schpok  N  408 NE 6TH ST UNIT 2	gistered Agent, Vent are.	on must designate an individual 667 1	8

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

To: FL DIVISION OF CORPORATIONS

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Joseph Schook 408 NE 6TH ST UNIT 204 FT LAUDERDALE, FL 33304	<u>-</u> 
	ALC NH	2022 JUN
		1
	LORIDA	10: [5]
(Use attachment if necessary)		
(If an effective date is listed, the date must be sp the date of filing.)	meet the applicable statutory filing requirements, this date will to of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	¥/	
This document is execut I am aware that any fals	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statut se information submitted in a document to the Department of Street felony as provided for in s.817.155, F.S.	es.
Joseph Schrok	Typed or printed name of signce	

## Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5,00 Certificate of Status (Optional)