

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. JBM INVESTMENTS GROUP LLC

Certificate of Status Certified Copy 0 Page Count 01 \$125.00 Estimated Charge

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Help



## **COVER LETTER**

OF IN THE CAM	JBM INVESTMENTS GROUP LLC		
SUBJECT:	Name of Limited Liability Company		
The enclose	d Articles of Organization and fee(s) are submitted for filing.		
Please returi	all correspondence concerning this matter to the following:		
	JOSE HORACIO BENITEZ MICHAEL		
-	Name of Person	•	
	JBM INVESTMENTS GROUP LLC		
•	Firm/Company	•	
	4378 SW 141 AVE		
Address			
	DAVIE, FL 33330		
City/State and Zip Code INFO@MODERNSOLUTIONSGROUP.NET			
	E-mail address: (to be used for future annual report notification)	1 NUL 22	
For further in	formation concerning this matter, please call:	<u>-</u>	
	JOSE HORACIO BENITEZ 786 410-8181 データ	14 PM I2: 35	
	Name of Person Area Code Daytime Telephone Number	<u>;</u> ;	
Enclosed is	a check for the following amount:		
]\$125.00 Fil	Ing Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

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

(1-143	t contain the words "Limited Liabi	MENTS GROUP LLC lity Company, "L.L.C.," or "LLC.")	
	committee words Emilia Erdor.	my company, E.E.C., or EEC. )	
ARTICLE II - Address: The mailing address and st	reet address of the principal office	of the Limited Liability Company is:	
-	• •	, , ,	
Pr	rincipal Office Address:	Mailing Address:	
4378 SW 141		4378 SW 141 AVE	
DAVIE FL 333	330	DAVIE FL 33330	
The Limited Liability Cor mother business entity with	th an active Florida registration.) street address of the registered ager	stered Agent. You must designate an individu	ual or
(The Limited Liability Cor another business entity with	npany cannot serve as its own Regi th an active Florida registration.)	stered Agent. You must designate an individu nt are: EZ MICHAEL	ual or
(The Limited Liability Cor another business entity with	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered ager  JOSE HORACIO BENITI	stered Agent. You must designate an individu nt are: EZ MICHAEL	ual or
(The Limited Liability Cor another business entity with	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered ager  JOSE HORACIO BENIT! Nat	stered Agent. You must designate an individunt are:  EZ MICHAEL  ne	uał or
(The Limited Liability Cor another business entity with	mpany cannot serve as its own Regith an active Florida registration.)  street address of the registered ager  JOSE HORACIO BENIT!  Nar  4378 SW 141 AVE	stered Agent. You must designate an individunt are:  EZ MICHAEL  ne	uał or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

JUN II. PHID-

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Aı	uthorized Member	Name and Address:		
"MGR" = Mar				
MGR		JOSE HORACIO BENITEZ MIC		
		4378 SW 141 AVE		
		DAVIE FL 33330		
	<del></del>			
			·	
<u></u>				
(Use attachme	nt if necessary)			
ARTICLE V: Effective	date, if other than the date of filing	<b>;</b>	(OPTIONAL)	
		ed cannot be more than five business		
he date of filing.)				
	ed in this block does not meet the te date on the Department of State	applicable statutory filing requiremen	its, this date will not be listed as	
	•	s records.		
ARTICLE VI: Other pro	ovisions, if any. ited Liability Company is to enga	ge in any lawful activity for which a L	imited hishility	
	nized in the state of Florida	go in any lawtor activity for which a c	=0	
		·	<u> </u>	
			F	
REOUIRED S	SIGNATURE:		SSE F II	
-		CIO BENITEZ MICHAEL		
	Signature of a member o	r an authorized representative of a	member.	
	This document is executed in ac	ccordance with section 605.0203 (1) (b	), Florida atules. 👝	
		ation submitted in a document to the L as provided for in s.817.155, F.S.	Departmen FirState CI	
	,	•		
		DRACIO BENITEZ MICHAEL  d or printed name of signee		
	ı ypec	o or brunea name of signee		

#### 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)