## Florida Department of State

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Fax Number : (850)617-6381

From:

Account Name : JSD & COMPANY PA Account Number : I20190000114 Phone : (786)286-2705 : (305)901-6024 Fax Number

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

Email Address: jwatanabe1@gmail.com

#### FLORIDA LIMITED LIABILITY CO. JAVIER WATANABE LLC

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August 10, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JSD & COMPANY PA

SUBJECT: JAVIER WATANABE LLC

REF: W22000103570

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

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.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000270695 Letter Number: 122A00017901

2 AUG 11 PM 12: 35

#### H22000270695 3

# ARTICLES OF ORGANIZATION OF JAVIER WATANABE LLC

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named:

JAVIER WATANABE LLC.

#### ARTICLE I.

#### **NAME**

The name of the Limited Liability Company shall be JAVIER WATANABE LLC

### ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be: 29546 Crest View Ln. Highland, CA 92346

### ARTICLE III. <u>EFFECTIVE DAY</u>

The effective day for this Limited Liability company shall be 08/10/2022

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#### ARTICLE IV.

#### **DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE V.

#### **PURPOSE OF ORGANIZATION**

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purpose permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

#### ARTICLE VI.

#### **MANAGEMENT**

This Limited Liability shall be managed by One Manager and the name and address of the Manager is:

Title: AMBR

JAVIER WATANABE ARCINIEGA

First name Last name

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22 AUG 11 PH 12: 35

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#### ARTICLE VII.

#### ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, no new Members shalt be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the trail existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

#### ARTICLE VIII.

#### CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Liability Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

Janier Watanabe

JAVIER WATANABE ARCINIEGA

AMBR

22 AUG 11 PH 12: 35
Shoke 1 Abassee, Florida

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Registered agent is:

JSD & Company, P.A. 8390 W. Flagler St. Suite 201 Miami, FL 33144

2. The name and address of the Individual registered agent and office is:

JORGE'R. SANCHEZ 8390 W. Flagler St. Suite 201 ... Miami, FL 33144

Having been named as registered agent and to accept service of process for the above stated corporation 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

ORGE R. SANCHEZ -Registered Agent

2 AUG 11 PM 12: 3

Date: 08/10/2022