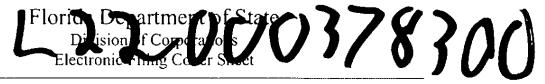
Fax: (850) 617-6381

Division of Corporations

Page: 5 of 5

08/30/2022 9:57 AM

Attn: Mr. Moon 2nd Attempt



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 : (239)262-5303 Fax Number : (239)262-6030

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

conrad@swfloridalaw.com Email Address:_

FLORIDA LIMITED LIABILITY CO. JLE Holdings, LLC

Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$160.00

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Help

Fax: 12392626030

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	JLE Holdings, LLC		
,		ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of Organization and fee(s) are	submitted for filing.	
Please re	eturn all correspondence concerning this mat	ter to the following:	
	Conrad Willkomm Esq.		· · · · · · · · · · · · · · · · · · ·
		Name of Person	
•	Law Office of Conrad Willkomm, P.A.		
		Firm/Company	
	3201 Tamiami Trail N, 2nd Floor		
		Address .	
	Naples, FL 34103		
	Circonrad@swfloridalaw.com	ty/State and Zip Code	
	E-mail address: (to be used f	or future annual report notification)	•
For further	r information concerning this matter, please	call:	
	Zalman Cole, Esq. 239	262-5303	
	Name of Person Are	ea Code Daytime Telephone Nun	nber
• •	•		<u>~</u>
Enclosed	is a check for the following amount:		022
\$ 125.00	Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}	Cenified Copy	160.00 Filing Fee, Gertificate of Status & 3
			ertified Copy ditional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassec, FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	ele ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,	٩F	T	IC	LE	1	-	N	o r	Β¢	:

The name of the Limited Liability Company is:

Fax: 12392626030

JLE Holdings, LLC

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

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

Principal Office Address:	Maning Address:
598 Henley Drive	598 Henley Drive
Naples, FL 34104	Naples, FL 34104

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:

Law Office of Conrad Willkomm, P.A. Name 3201 Tamiami Trail N, 2nd Floor		
	Name	-
3201 Tamiami Tr	ail N, 2nd Floor	
Florida street add	ress (P.O. Box NOT	acceptable)
Naples	Florida	34103
City	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 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

•	Title:	Name and Address:	
	"AMBR" = Authorized Member		
,	"MGR" = Manager MGR	Jade Le	
		598 Henley Drive	
		Naples, FL 34104	
	·		•
•		· · · · · · · · · · · · · · · · · · ·	
			.*
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	<u> </u>		
	(Use attachment if necessary)	and the second second	•
A DTICI	LE V: Effective date, if other than the date of filing	(OPTIONAL)	
(if an efi	fective date is listed, the date must be specific an	d cannot be more than five business days prior to or 90	days af
	of filing.)		
	f the date inserted in this block does not meet the aument's effective date on the Department of State'	applicable statutory filing requirements, this date will not s records.	be liste
	intent's effective date on the Department of State.		-
the docu	•		
the docu	LE VI: Other provisions, if any.	achie anni anni an ion an habat 6 a Caba	

REQUIRED SIGNATURE:

Jack Co (Aug 19, 2022 14:30 EDT)

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.

Jade Le

Typed or printed 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)

Page 2 of 2