

# L22000380426

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H22000230801 3)))



H220002308013ABCS

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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.**

**JAM BUSINESS STYLE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 SEP -1 PM 3:13

2022 SEP -1 PM 3:13

2022 SEP -1 AM 8:59

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED**  
**LIABILITY COMPANY**  
**OF**  
**JAM BUSINESS STYLE, LLC**

The undersigned subscribers, natural persons or licensed Limited Liability Company competent to contract, hereby associate themselves to form a Limited Liability Company under the laws of State of Florida.

**ARTICLE I. NAME**

The name of the Limited Liability Company is: JAM BUSINESS STYLE, LLC

**ARTICLE II. ADDRESS**

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

401 Golden Isles Dr Apt 504  
Hallandale, FL 33009

**ARTICLE III. NATURE OF BUSINESS**

The general nature of business is for the purpose of transacting any lawful business for which this Limited Liability Company is organized under the laws of the State of Florida. The purpose of this Limited Liability Company is to provide manicure and pedicure services, beauty classes and wholesale sales of beauty products.

2022 SEP-1 AM 8:59  
of State  
of Florida

ED


## ARTICLE IV. INITIAL OFFICE AND ADDRESS REGISTERED AGENT DESIGNATION.

The name and Florida Street address of the registered agent is:

Jhoriveth Arroyave Castano  
401 Golden Isles Dr Apt 504  
Hallandale, FL 33009

Having been named as registered agent and to accept service of process for the above 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 608, F.S.

Accepted by:

  
Jhoriveth Arroyave Castano, Registered Agent

## ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by two members/managers. The managing members are:

Jhoriveth Arroyave Castano  
401 Golden Isles Dr Apt 504  
Hallandale, FL 33009

Ahmed Miguel Moro Alujas  
15145 Iona Lakes Dr  
Fort Myers, FL 33908

CLERK OF COURT  
STATE OF FLORIDA

2022 SEP -1 AM 8:59

FILED

## ARTICLE VI. INITIAL BOARD OF MEMBERS

The Limited Liability Company may have one or more members, initially the number of manager may be either increased or diminished from time to time by the by-laws, but shall not less than one.


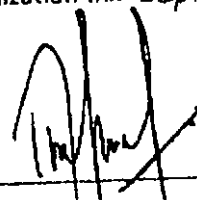
## ARTICLE VII. INDEMNIFICATION

The Limited Liability Company shall indemnify any member or manager or any former member or manager, to the full extent permitted by the law.

## ARTICLE VIII. MEMBERSHIP AND CONTRIBUTIONS.

The members of this limited liability company are Jhoriveth Arroyane Castano and Ahmed Miguel Moro Alujas. The contribution of each member is \$ 100.00

The undersigned subscribers have executed these Articles of Organization this *September 1<sup>st</sup>, 2022.*

  
Jhoriveth Arroyane Castano, MGR  
Ahmed Miguel Moro Alujas, MGR

2022 SEP - 1 AM 8:59  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT