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	(Requestor's Name)	
	(Address)	
	(Address)	
	(/.dd/c00)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of St	etus
Certified Copies	Certificates of St	
Special Instructions to	Filing Officer:	





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S. CHATHAM S. DOL

SECRETARY OF STATE
DIVISION OF COMPORATIONS

2022 SEP -8 PM 3:51

COVER LETTER

	New Filing Sect Division of Cor				
A	JV\$ Lorim				
SUBJEC	T:	Name of	Limited Liabil	ity Company	
Th		Oinstinuend foots) and automitted	t for Glina	
		Organization and fee(s			
ricase re	turn all correspo	ondence concerning this	matter to the	iotiowing.	
	Stuart R. Mo	orris, Esq.			
			Name of	Person	
	Cozen O'Coz	ппот			
			Firm/Co	ompany	
	7284 W. Pal	metto Park Road, Suite	: 101		
			Add	ress	
	Boca Raton,	FL 33433			
		51a	City/State a	nd Zip Code	
	ecompliance(sed for future	annual report notificati	ion)
For further		ncerning this matter, p		·	
	Judy Corvele		561	750-3850	
	Nam	ae of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amount:			
CJ\$125.	00 Filing Fee	☐\$130.00 Filing Fe Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	El\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	ng Address Siling Section on of Corporations Sox 6327 cassee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

TALLAHASSEE, FL 32309 (850) 524-5437	
(850) 524-6243	
Please use funds from Account: 120210	000160 Amount: _\$!55 ムウ
Authorization Signature:	Janes Full
JVS LORIMAR, LLC	O .
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Direct
X _Limited Liability	Change of Registered Agent Dissolution/Withdrawal
Domestication Other	Merger
CORP	Conversion
com	Articles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
	Reinstatement

EXAMINER'S INITIALS:_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JVS Lorimar,		11111 0		_
(Mı	est contain the words "Limited L	iability Company,	"L.I.C.," or "LLC.")	
ARTICLE II - Address The mailing address and	street address of the principal of	lice of the Limited	Liability Company is:	
Ī	Principal Office Address:		Mailing Address:	
2510 NW 71s	t Street	2510	NW 71st Street	
		2011	IAM VIREDITOOL	
	L 33496 red Agent, Registered Office, &	Boca	Raton, Fl. 33496 t's Signature:	DIVISI 22 SI
ARTICLE III - Register (The Limited Liability Coanother business entity w	L 33496 red Agent, Registered Office, &	Registered Agent. 'Agent' Agent' Agen	Raton, FL 33496	SECRETARY OF SERVICE SECRETARY OF SERVICE SERV
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & ompany cannot serve as its own Frith an active Florida registration a street address of the registered a Corporation Servi	Registered Agent. 'Agent' Agent' Agen	Raton, Fl. 33496 t's Signature:	SECRETARY OF SERVING SEP -8 PM
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & ompany cannot serve as its own Frith an active Florida registration a street address of the registered a Corporation Servi	Registered Agent. 'Agent's agent are: ce Company	Raton, Fl. 33496 t's Signature:	SECRETARY OF SERVICE SECRETARY OF SERVICE SERV
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & ompany cannot serve as its own Frith an active Florida registration a street address of the registered of Corporation Servi	Registered Agent. Y agent are: ce Company Name	Raton, Fl. 33496 t's Signature: ou must designate an individual or	SECRETARY OF STATI
ARTICLE III - Register (The Limited Liability Coanother business entity w	red Agent, Registered Office, & company cannot serve as its own Frith an active Florida registration a street address of the registered a Corporation Servi	Registered Agent. Y agent are: ce Company Name	Raton, Fl. 33496 t's Signature: ou must designate an individual or	SECRETARY OF SERVICE SECRETARY OF SERVICE SERV

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Michollo Disbrow

Title:	Name and Address:		
"AMBK" = N	Authorized Member fanager		
MGR	Victor Suyall 2510 NW 71st Street Boca Raton, FL 33496	22	VIΘ
MGR	Janet Sandier 2510 NW 71st Street Boca Raton, FL 33496	SEP -8 P	DIVISION OF CORPORATIONS
		PM 3: 25	PORATIONS
(Use attachi	ment if necessary)		
If an effective date i he date of filing.) <u>Note:</u> If the date ins	ive date, if other than the date of filing: s listed, the date must be specific and cannot be more than five business days prior to or 90 da creed in this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.	-	
ARTICLE VI: Other	provisions, if any.		
REOUIRE	D SIGNATURE:		
	Signature of a member of 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.		
	Stucy R. Morns, Authorized Depositions. 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)

ARTICLE IV-