Florida Department of State

H22000315837 3

Division of Corporations Electronic Filing Cover Sheet

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(((H220003158373)))



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Division of Corporations

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Account Name : ARMANDO TAXES LLC Account Number : 120200000170 Phone : (305)803-4427 Fax Number : (305)402-6230

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

Email Address: ARMANDO@ARMANDOTAXES.COM

FLORIDA LIMITED LIABILITY CO. JRC TRUCKING OF MIAMI, LLC

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Help

H220003158373

COVER LETTER

	lew Filing Sect Division of Cor		٠.		,		,
SUBJECT		KING OF MIAMI, LI	.c				
SUBJECT	·	Name of	Limited Liabili	ty Company			
The enclos	sed Articles of	Organization and fee(s) are submitted	for filing.			
Please reti	um ali correspo	ndence concerning thi	s matter to the f	ollowing:			
	ARMANDO	VASQUEZ					
	<u> </u>	* 	Name of	Person			
	ARMANDO	TAXES LLC					
			Firm√Co	mpany			
	5721 NW 11	2TH AVE APT 108					
			Addr	ess			
	DORAL, FL	33178					
	ARMANDO@	BARMANDOTAXES	City/State and COM	d Zip Codo			
	ŀ	E-mail address: (to be t	ised for future a	nnual report notification	on)		
or further	information co	ocerning this matter, p	ease call:				
	ARMANIXO	VASQUEZ	305	803-4427			
		e of Person	Area Code	Daytime Telephone	e Number		
Enclosed i	is a check for th	ne following amount:					
国\$125.00	0 Filing Fee	□S130.00 Filing Fe Certificate of Status	Certifi	5.00 Fiting Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy ☐ (additional copy is enclosed	22 <u>S</u> EP	÷;
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee = 10	13 PM 12: 35	

H22000315837 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		· .	٠ ؞,		
JRC TRUCKING OF						
(Must conta	in the words "Limited L	ability Conu	sany, "L.L.C.," or "LLC	.")		٠.,
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	Tice of the Li	nited Liability Compan	y is:		
Princips	d Office Address:		Mailing	g Address;		
820 \$1st ST APT 4 MIAMI BEACH, FL	33[4]		820 81st ST APT 4 MIAMI BEACH, FL 3	3141	- - · .	·
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration address of the registered	Registered Apn.) agent are:		e an individual or		
	JAVIER G. RIOS CA	Name				
	•	IVAIIIC				
	820 81st ST APT 4					
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)			
	MIAMI BEACH	FL	33141			
	City	State	Zip			
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appo ovisions of all statutes re ligations of my position of Au	intment as reglating to the plating	gistered agent and agree roper and complete perf gent as provided for in (195	to act in this capaci formance of my dutie Chapter 605, F.S	ity. I	m ;= !n

H22000315837 3

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	JAVIER G. RIOS CARRILLO 820 81st ST APT 4
	MIAMI BEACH, FI, 33141
ective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the dat fective date is listed, the date must be s of filing.) I the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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