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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CAPITAL PRO SERVICES, LLC  
Account Number : I20220000008  
Phone : (772)249-5273  
Fax Number : (772)264-6100

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

Email Address: henrysanval@gmail.com

FLORIDA LIMITED LIABILITY CO.  
J-NISSI SIGNS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: J-NISSI SIGNS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

JHON HENRY SANCHEZ VALENCIA  
Name of Person  
J-NISSI SIGNS, LLC  
Firm/Company  
1338 SW BAYSHORE BLVD  
Address  
PORT ST LUCIE, FL 34983  
City/State and Zip Code  
henrysanval@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madjoise G. Ramirez-Agosto 772 249-5273  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

J-NISSI SIGNS, LLC

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

## ARTICLE II - Address:

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

Principal Office Address:1338 SW BAYSHORE BLVD  
PORT ST LUCIE, FL 34983Mailing Address:1338 SW BAYSHORE BLVD  
PORT ST LUCIE, FL 34983

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

CAPITAL PRO SERVICES, LLC

Name

1972 SW CAMEO BLVDFlorida street address (P.O. Box **NOT** acceptable)PORT ST LUCIEFL34953

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)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

JHON HENRY SANCHEZ VALENCIA  
1210 SW PARMA AVE  
PORT ST LUCIE, FL 34953

AMBR

DEYVY MONSALVE  
1210 SW PARMA AVE  
PORT ST LUCIE, FL 34953

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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.

JHON HENRY SANCHEZ VALENCIA

Typed or printed name of signer

**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)

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