## L22000467058

	(Requestor's Name)
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	(Document Number)
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Special Instructions	s to Filing Officer:

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		<del></del> -		
JR FIRST CLASS LL	С			
	·			
			<u> </u>	
				Art of Inc. File
	<del></del>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
			-	Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
0'	<del>-</del> ·			Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
<del></del>	10/31/22	<del> </del>		UCC 11 Search
Name	Date	Time		UCC    Retrieval
Walk-In	Will Pick Up			Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
JR First Class LLC			
(Must con	tain the words "Limit	ed Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the princip	al office of the Li	mited Liability Company is:
Princi	pal Office Address:		Mailing Address:
2709 NW 135th Stre			55 NE 1st Street, #10
Opa Locka, Florida	33054	<del></del>	Miami, Florida 33132
The name and the Florida street	address of the registe	Name	
	55 NE 1st Street,	#10	
	Florida street add		OT acceptable)
	Miami	FL	. 33132
•	City	State	Zip
nace designated in this certificate urther agree to comply with the p	. I hereby accept the a rovisions of all statute bligations of my positions.	ppointment as reg s relating to the p on as registered a	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I roper and complete performance of my duties, and gent as provided for in Chapter 605, F.S  Gignature (REQUIRED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Roza Haimov 20 5
	55 NE 1st Street, #10 Miami, Florida 33132
	Wildlift, I forfice 35/32
AMBR	Yaakov Haimov
	55 NE 1st Street #10
	55 NE 1st Street. #10 Miami, Florida 33132
<del></del>	<del></del>
(Use attachment if necessary)  ICLE V: Effective date, if other than the	date of filing:
ICLE V: Effective date, if other than the a effective date is listed, the date must bate of filing.)  If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the a effective date is listed, the date must bate of filing.)	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the a effective date is listed, the date must hate of filing.)  If the date inserted in this block does document's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the a effective date is listed, the date must hate of filing.)  If the date inserted in this block does locument's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the effective date is listed, the date must hate of filing.)  If the date inserted in this block does locument's effective date on the Department of the other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is e I am aware that any	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the deflective date is listed, the date must be late of filing.)  E: If the date inserted in this block does document's effective date on the Department of the Department o	not meet the applicable statutory filing requirements, this date will not be list ment of State's records.  The member of an authorized representative of a member.  Executed in accompance with section 605.0203 (1) (b), Florida Statutes, of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-