

# Florida Department of State

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Division of Corporations

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Email Address: \_\_\_ marceladafna@yahoo.com

# FLORIDA LIMITED LIABILITY CO. 3JD Investments Group LLC

Certificate of Status	0
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Help

#### ARTICLE I - Name:

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The name of the Limited Liability Company is:

3JD Investments Group LLC

(Must end with 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:

Mailing Address:

800 SE 4 Ave, Suite 110	800 SE 4 Ave. Suite 110
Hallandale Beach, FL 33009	Hallandale Beach, FL 33009

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

	Name	
800 SE 4 Ave, Suite I	10	
Florida street address	(P.O. Box <u>NOT</u> ac	ceptable)
trass all militar	FL.	33009
Hallandale Beach		

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..

/s/ Marcela Dafna
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(((H22000385386 3)))

'AMBR' = Authorized Member 'MGR' = Manager AMBR  Marcela Dafna  800 SE 4 Ave, Suite 110 Hallandale Beach, FL 33009  (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 f filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  /s/ Marcela Dafna
Marcela Dafna 800 SE 4 Ave, Suite 110 Hallandale Beach, FL 33009  [Use attachment if necessary]  E.V.: Effective date, if other than the date of filing:
SOUSE 4 Avc, Suite 110 Hallandale Beach, FL 33009  [Use attachment if necessary)  E.V: Effective date, if other than the date of filing:
Hallandale Beach, FL 33009  [Use attachment if necessary)  E.V: Effective date, if other than the date of filing:
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EV: Effective date, if other than the date of filing:
REOUIRED SIGNATURE: /s/ Marcela Dafna
/s/ Marcela Dafna
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.
Marcela Dafna
Marcela Dafna  Typed or printed name of signee
Marcela Dafna  Typed or printed name of signee
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