16-Dec-2023 1 12/16/22	2266 Grida Spartment of State Division of Corporations	p.2
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2022 · · · [ 5] Fil 4: 20	To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: TORRESJOHNNY798@GMAIL.COM	
	FLORIDA LIMITED LIABILITY CO. JAY'S RESOURCE LLC   Certificate of Status 1   Certificate of Status 0   Page Count 03   Estimated Charge \$130.00	

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## JAY'S RESOURCE 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:

9423 Star Gazer Lane	9423 Star Gazer Lane
Riverview, FL 33578	Riverview, FL 33578

#### 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:

Johnny Torres		SSE C
	Name	
9423 Star Gazer Lar		
Florida street address (P.C	). Box <u>NOT</u> acceptable)	
Riverview	<sub>FL</sub> 33578	т. <b>О</b>
City	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 ous, F.S.,
Docusigned by:
Registered Agent's Signature (REQUIRED)
Johnny Torres

#### (CONTINUED)

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# H22000423935

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Johnny Torres	
AMBR		
	9423 Star Gazer Lane Riverview, FL 33578	
	·····	
(Use attachment if necessary)		
TCLE V: Effective date, if other than the date of	of filing: (OPTIONAL)	
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(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Johnny Torres Typed or printed name of signce

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after

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