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SECRETARY OF STATE
ALLAHASSE OF STATE

COVER LETTER

TO:

New Filing Section

Di	vision of Corpor	rations 				
SUBJECT:	JORDAN FLOR	IDA GROUP LLC				
SOBSECT.		Name of L	imited Liabil	ity Company		
The enclose	d Articles of Org	anization and fee(s) a	are submitted	for filing.		
Please retur	n all corresponde	nce concerning this r	natter to the f	ollowing:		
	PABLO MOREI	 RA				
,			Name of	Person		<u> </u>
			Firm/Co	mpany		
	3100 W HARBC	R VIEW AVE				
•			Addr	ess		22 D
	TAMPA FL 3361	 1 				SECRULARS
P	ABLOMOREIRA		City/State an	d Zip Code		SE S
_	E-ma	il address: (to be use	d for future a	nnual report notificati	on)	2: 1
For further in	formation concer	ning this matter, plea	se call;			
ŧ	PABLO MOREIR		313	705-2229		
_	Name of			Daytime Telephon	e Number	
Enclosed is	a check for the fo	llowing amount:			•/	
□\$125.00 t		\$130.00 Filing Fee & ertificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Fi Certificate o Certified Cop (additional cop	f Status & by
	Mailing A			Street Address		
	New Filing			New Filing Section Di		
		Corporations		The Centre of Tallaha		
	P.O. Box 6 Tallahasse	527 c. FL 32314		2415 N. Monroe Stree Tallahassee, FL 3230;		
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. ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMITEI	D LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
IORDAN FLORIDA G				· <u>-</u> ·· · · · · · · · · · · · · · · · · · ·
(Must conta	iin the words "Limited	Liability Company.	. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	office of the Limited	1 Liability Company is:	
Principa	Principal Office Address: Mailing Ad		ress:	
<u>3100 W HARBOR VI</u> TAMPA FL 33611	EWAVE		2 W HARBOR VIEW AV MPA FL 33611	E
17MI A 1 2 330 1 1		100	MFA FE 33011	
another business entity with an ar-	ddress of the registered	d agent are:		
	ALEIANDRO JORDA			
		Name 		
	3102 WHARBOR V		. 11	
	Hlorida street addres	is (P.O./Box <u>XOI</u> a	icceptable)	=
	TAMPA	/FL	33611	22 SEC SEC
	City	State	Zip	DEC CRE I. LAHA
Having been named as registered a place designated in this certificate.	I hereby accept the app	oi <mark>ntm</mark> ent as register	red agent and agree to act	in this capataty: 1
further agree to comply with the pro				COE T' C
am familiar with and accept the obl	izujions oj my position	A regisierea agent	as proviaezi jor in Chapte.	rolls, F.S., (1987)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	ALEIANDRO IORDAN	
	3102 W HARBOR VIEW AVE TAMPA FL 33611	
	17/11/17/14 330 FT	·
AMBR	IVAN IORDAN	
<u> </u>	3102 W HARBOR VIEW AVE	
	TAMPA FL 33611	
MGR	ANIA CARCIA	
MIGK	ANA GARCIA 3102 W HARBOR VIEW AVE	
	TAMPA FL 33611	
MGR	MARKO CARCIA	
IVICIK	MARIO GARCIA 3102 W HARBOR VIEW AVE	
	TAMPA FL 33611	
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ARTICLE IV-

Title:	Name and Address:	
"AMBR" = Authorized N	1ember	
"MGR" = Manager		
MGR	CHERRY FAMILY	
	3102 W HARBOR VIEW AVE	_
	TAMPA FL 33611	_
MGR	YOSNIEL GONZALEZ	_
	3102 W HARBOR VIEW AVE TAMPA FL 33611	
	TAWFA FL 33011	-
	The state of the s	_
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ARTICLE IV-