

L23000078290

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000063389 3)))



H230000633893ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
3JP MAINE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2023 JAN 17 PM 12:34

2023 JAN AM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 17 PM 12:34

H23000063389

**ARTICLES OF ORGANIZATION
OF
3JP MAINE, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **3JP Maine, LLC**

ARTICLE II: - Address

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

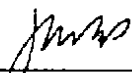
**330 Sunny Isles Blvd.
SPH4
Sunny Isles Beach, FL 33160**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Jason Pizzo
330 Sunny Isles Blvd.
SPH4
Sunny Isles Beach, FL 33160**

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.



Name: Jason Pizzo, as Registered Agent

ARTICLE IV: - Management

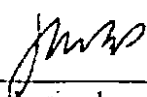
The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Jason Pizzo 330 Sunny Isles Blvd. SPH4 Sunny Isles Beach, FL 33160

FILED
2023 JAN 17 PM 12:34
CLERK OF CIRCUIT
PALM BEACH COUNTY, FLORIDA

H23000063389

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
on February 17, 2023.



Jason Pizzo, authorized representative of a Member

(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 Section 817.155, Florida Statutes.)

Jason Pizzo

Typed or printed name of signee

2023 JAN AM 5:59
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA