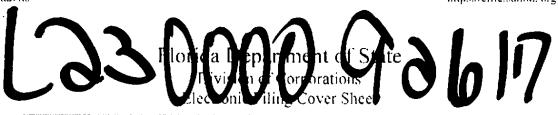
2023-02-28 20:52:36 GMT

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00 From: Capital Pro Services https://efile.sunhiz.org/scripts/efileovr.exe



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.

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•	Doing so will generate another cover cheat	

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To:

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

From:

Account Name : CAPITAL PRO SERVICES, LLC
Account Number : I20220000008
Phone : (772)249-5273
Fax Number : (772)264-6100

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\vec{\wp}$

Email Address: henrysanval@gmail.com

FLORIDA LIMITED LIABILITY CO.

J & J Renovation Team, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	CT: J& J RENOVATION TEAM, LL	С		
	Name of	Limited Lia	bility Company	
The encl	losed Articles of Organization and fee(s)	are submitt	ed for tiling.	
	eturn all correspondence concerning this			
	JHON II. SANCHEZ VALENCIA			
		Name	of Person	
	J& JRENOVATION TEAM, LLC			
		Firm/C	ompany	
	1210 SW PARMA AVE			
		Adı	iress	
	PORT ST LUCIE, FL 34953			
	henrysanval@gmail.com	City/State a	ind Zip Code	
	E-mail address: (to be use	ed for future	annual report notificat	ion)
or further	information concerning this matter, plea			
	Madjoise G. Ramirez	772	249.5273	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed	is a check for the following amount:		•	
	0 Filing Fee	Certif	55.00 Filing Fee & ied Copy is enclosed)	D\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address New Filing Section 136 The Centre of Tallahe 2415 N. Monroe Street Tallahassee, FL 3230.	issee et, Suite 810

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

J & J Renovation Tean	ı, LLC			-
(Must contain	n the words "Limited	Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
1210 SW Parma Ave	·	<u> </u>	0 SW Parma Ave	
Port St Lucie, FL 3495		. Por	St Lucie, FL 34953	_
another business entity with an ac	tive Florida registratio	m.)	You must designate an individual or	
another business entity with an ac	tive Florida registratio	on.) d agent are:	You must designate an individual or	
another business entity with an ac	tive Florida registratic Idress of the registered Capital Pro Services 1972 SW Cameo Bl	nn.) d agent are: LLC Name		
another business entity with an ac	tive Florida registration of the registered Capital Pro Services	nn.) d agent are: LLC Name		
another business entity with an ac	tive Florida registratic Idress of the registered Capital Pro Services 1972 SW Cameo Bl Florida street addres	on.) d agent are: LLC Name vd ss (P.O. Box <u>NOT</u> :	ecceptable)	
another business entity with an ac	tive Florida registratic Idress of the registered Capital Pro Services 1972 SW Cameo Bl	on.) d agent are: LLC Name vd ss (P.O. Box <u>NOT</u> :	ecceptable)	

(CONTINUED)

Page: 4 of 4

\$ 5.00 Certificate of Status (Optional)

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Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager	
AMBR	Jhon H. Sanchez Valencia
	1210 SW Parma Ave
	Port St Lucie, FL 34953
4.4.1111	Jhojan Andres Vanegas Gonzalez
AMBR	1210 SW Parma Ave
	1210 SW Parma Ave Port St Lucie, FL 34953
	4
	And the state of t
EV: Effective date, if other than tective date is listed, the date mus	he date of filing:
ective date is listed, the date muse filling.) The date inserted in this block document's effective date on the Depa E V1: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be rement of State's records.
E.V: Effective date, if other than tective date is listed, the date most of filing.) the date inserted in this block does nent's effective date on the Depa E.VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 90 c es not meet the applicable statutory filing requirements, this date will not b
E.V: Effective date, if other than tective date is listed, the date mus of filing.) the date inserted in this block document's effective date on the Depa E.VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be rement of State's records.
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E V: Effective date, if other than tective date is listed, the date mus of filing.) the date inserted in this block does ment's effective date on the Depa E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document is I am aware that a constitutes a third	the specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be rement of State's records. If . Sacker Valuation of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.