

3/8/23, 11:38 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L230000107866

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.

((H230000088802 3)))



H2300000888023AEC

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 : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : 120200000102
Phone : (954)998-1035
Fax Number : (954)573-1480

****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.
MAR & JOR LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/8/23 PM 2:47

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAR & JOR LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

OSVALDO JESUS PI

Name of Person

MAR & JOR LLC

Firm/Company

11575 CITY HALL PROMENADE UNIT 320

Address

MIRAMAR FL 33025

City/State and Zip Code

Piosvaldo98@gmail.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

OSVALDO PAI

305

513-1336

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAR & JOR LLC

(Must contain 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:

11575 CITY HALL PROMENADE UNIT 320
MIRAMAR FL 33025

Mailing Address:

11575 CITY HALL PROMENADE UNIT 320
MIRAMAR FL 33025

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:

OSVALDO JESUS PI

Name

11575 CITY HALL PROMENADE UNIT 320

Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR

FL


33025

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MANAGER

OSVALDO JESUS PI

11575 CITY HALL PROMENADE APT 320

MIRAMAR FL 33025

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

OSVALDO JESUS PI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Form **1095-A****Health Insurance Marketplace Statement**☐ VOID

OMB No 1545-2232

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095A for instructions and the latest information.

☐ CORRECTED**2022****Part I** Recipient Information

1 Marketplace Identifier FL	2 Marketplace-assigned policy number 110895892	3 Policy issuer's name Oscar Insurance Company of Florida	
4 Recipient's name KAREN SANCHEZ		5 Recipient's SSN xxx-xx-7658	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2022	11 Policy termination date 12/31/2022	12 Street address (including apartment no.) 10475 SW West Park Ave	
13 City or town Port Saint Lucie	14 State or province FL	15 Country and ZIP or foreign postal code US 34987	

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 KAREN SANCHEZ	xxx-xx-7658		01/01/2022	12/31/2022
17 KENNETH CASTRO	xxx-xx-7320		01/01/2022	12/31/2022
18 MELANNIE RUIZ	xxx-xx-2967		01/01/2022	12/31/2022
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	1,100.38	1,077.76	1,078.00
22 February	1,100.38	1,083.68	1,084.00
23 March	1,100.38	1,083.68	1,084.00
24 April	1,100.38	1,083.68	1,084.00
25 May	1,100.38	1,083.68	1,084.00
26 June	1,100.38	1,083.68	1,084.00
27 July	1,100.38	1,083.68	1,084.00
28 August	1,100.38	1,083.68	1,084.00
29 September	1,100.38	1,083.68	1,084.00
30 October	1,100.38	1,083.68	1,084.00
31 November	1,100.38	1,083.68	1,084.00
32 December	1,100.38	1,083.68	1,084.00
33 Annual Totals	13,204.56	12,998.24	13,002.00