

L23000213148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

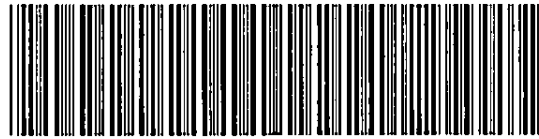
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/01/23--01003--005 \*\*55.00  
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APR 28 2023  
05/01/23--01003--004 \*\*70.00

FILED  
2023 APR 28 PM 1:50  
SOUTH DAKOTA  
STATE

RECEIVED  
2023 APR 28 PM 4:04  
ALACHUA COUNTY  
FLORIDA

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**WALK IN**

**PICK UP:** Cat 4/28

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**XX** **PHOTOCOPY** \_\_\_\_\_

☐ **CUS** \_\_\_\_\_

**XX** **FILING**

**LLC** \_\_\_\_\_

1. **JCSS INVESTMENTS, LLC.**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JCSS Investments, LLC.  
(Must contain the words "Limited Liability Company," "LLC," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

5454 Governors Dr  
Fort Myers FL 33907

Mailing Address:

5454 Governors Dr  
Fort Myers FL 33907

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:

The Law Offices of Max A. Adams Esq PLLC  
Name  
4929 SW 74<sup>th</sup> CT 1<sup>st</sup> FL  
Florida street address (P.O. Box NOT acceptable)  
Miami FL 33155  
City State Zip

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2023 APR 28 PM 4:50  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

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 and 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.

M. A. Adams

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

MGR

MBR

MBR

MBR

**Name and Address:**

Carlos L. Ortiz

5454 Governors Drive

Fort Myers FL 33907

Jean Carlos Ortiz

5454 Governors Drive

Fort Myers FL 33907

Sabrina J. Ortiz

5454 Governors Drive

Fort Myers FL 33907

Sophia G. Ortiz

5454 Governors Drive

Fort Myers FL 33907

(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:**

Max Adams

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.

Max Adams - Authorized Representative.

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)