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Division of Corporations

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To:

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

From:

Account Name : CS TAX SOLUTIONS INC
 Account Number : 120220000082
 Phone : (305)235-6355
 Fax Number : (786)513-3784

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

Email Address: csntaxsolutions@bellsouth.net

**FLORIDA LIMITED LIABILITY CO.
 JORMAH CONSTRUCTION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JORMAH CONSTRUCTION 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:

2834 PEBBLEWOOD LANE
ORANGE PARK, FL 32065

Mailing Address:

2834 PEBBLEWOOD LANE
ORANGE PARK, FL 32065

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:

JORDAN STEVE MAHECHA CRUZ

Name

2834 PEBBLEWOOD LANE

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

ORANGE PARK

FL 32065

City

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..

Jordan Mahecha

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR, MGR**Name and Address:**JORDAN STEVE MAHECHA CRUZ2834 PEBBLEWOOD LANEORANGE PARK, FL 32065

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:Jordan MahechaJordan Mahecha

Jordan Mahecha (May 18, 2023 17:40 EDT)

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.

JORDAN STEVE MAHECHA CRUZ

Typed or printed name of signer

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)

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