

5/16/22, 11:16 AM

Division of Corporations

L23000253295

Florida Department of State
Division of Corporations
Electronic Filing System

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.

(((H230001812583)))



H230001812583ABCJ

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 : BETAM PROFESSIONAL SERVICES INC.
Account Number : 120220000175
Phone : (305)810-9437
Fax Number : (305)630-8407

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

Email Address: tax@betamprofessionalserv.com

23 MAY 23 PM 4:36
RECEIVED
TALLAHASSEE, FLORIDA

FILED

RECEIVED
2023 MAY 23 AM 8:10

CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
JA SERVICES LLC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

H/2300018/2583

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

JA MULTIPLE-SERVICES LLC.

ARTICLE II - Address:

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

PRINCIPAL ADDRESS:
2620 W 76TH ST, APT 208
HIALEAH, FL 33016

MAILING ADDRESS:
P.O.BOX 111005
HIALEAH, FL 33011

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

BETAM PROFESSIONAL SERVICES INC.
5545 SW 8TH ST STE 204
CORAL GABLES, FL 33134

FILED
23 MAY 23 PM 4:36
SECRET
TALLAHASSEE, FL 32301

ARTICLE IV-

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

TITLE: MGR
JACQUELINE AVENDANO
2620 W 76TH ST APT 208
HIALEAH, FL 33016

H230001812583

Required Signatures:



Signature of a member or an 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 s.817.155, F.S.

Jacqueline Avendon
Typed or printed name of signee

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..

Betam Professional Services
Registered Agent's Signature (REQUIRED)

23 MAY 23 PM 4:36
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED