L23000255239

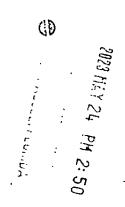
	Requestor's Name)	·
	Address)	
	Äddress)	
'	,Address)	
	City/State/Zip/Phone	: #)
PICK-UP	TIAW	MAIL MAIL
	Business Entity Nam	
,	Dasiless Cirity Nail	ic)
•	Document Number)	_
Certified Copies	Certificate	es of Status
		
Special Instructions to	Filing Officer:	





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

····		
JENNYM26 LLC		
	<u>- </u>	
Please Debit 120000	000257 For: 125	
Thank you Seth Nee	lev	
1 1 1	103	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1		Fictitious Search
- DC2/		Fictitious Owner Search
Signature		Vehicle Search
	-	Driving Record
Requested by: SETH	ne/22	UCC 1 or 3 File
 	05/23	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJE	JENNYM:	26 LLC				
3000	<u></u>	Name	of Limit	ed Liabilit	v Company	
The en	closed Articles of	Organization and fee	e(s) are s	submitted f	or filing.	
Please	return all corresp	ondence concerning t	his matte	er to the fo	llowing:	
	Steven Herz	berg				
				Name of P	erson	_
	Vazquez &	Associates				
				Firm/Con	pany	
	1111 Bricke	Il Ave Ste. 1550				
				Addres	SS	
	Miami, FL 3	33131				
	1.0		City	/State and	Zip Code	
	sh@gvazquez	z.com E-mail address: (to be	used fo	or future an	nual report notificati	ion)
For furth	ner information co	oncerning this matter,	please c	all:		
	Steven Herzl		305 at (371-8064	
	Nan	ne of Person	Area	a Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount				
≡ S125	5.00 Filing Fee	□\$130.00 Filing I Certificate of Stat	us	Certified	00 Filing Fee & 1 Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ng Address iling Section on of Corporations		N	treet Address lew Filing Section Di he Centre of Tallaha	
		lox 6327			415 N. Monroe Stre	

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Li	ability Company is:				
JENNYM26, L	LC				
	contain the words "Limi	ted Liability Company,	"L.L.C.," or "LLC.")		-
ARTICLE II - Address: The mailing address and str	ect address of the princip	al office of the Limited	Liability Company is:		
Pr	incipal Office Address:		Mailing Add	ress:	
3130 W 15TH A	AVENUE	313	0 W 15TH AVENUE		
HIALEAH, FL	-		LEAH, FL 33012		<u>-</u> -
ARTICLE III - Registered (The Limited Liability Comanother business entity with	pany cannot serve as its o	own Registered Agent.		dividual or	
The name and the Florida s	treet address of the regist	ered agent are:			
	Vazquez & Asso	ciates			
		Name			
	1111 Brickell Av	e Ste. 1550			
	Florida street add	lress (P.O. Box <u>NOT</u> a	cceptable)		
	Miami	FL	33131		
	City	State	Zip		
laving been named as regist clace designated in this certif iarther agree to comply with i un familiar with and accept t	icate, I hereby accept the the provisions of all statut he obligations of my posit	appointment as register es relating to the proper	ed agent and agree to act cand complete performan as provided for in Chapte	in this capacity ce of my duties,	v. 1
				•	$\vec{\sim}$

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Men	mber
"MGR" = Manager	
MGR	Sharone Yerushalmi
	3130 W 15TH AVENUE HIALEAH, FL 33012
	HIALEAR, FL 33012
MGR	Yoel Gidanian
	3130 W 15TH AVENUE
	HIALEAH, FL 33012
(Use attachment if necessary	v)
(, '
CLE V: Effective date, if other	than the date of filing: May 23, 2023 (OPTIONAL)
effective date is listed, the date	e must be specific and cannot be more than five business days prior to or 90 days after
ite of filing.)	
	ck does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the	Department of State's records.
CLE VI: Other provisions, if an	IV
Cist vii Guiei provisionali ii un	y.
<u>REOUIRED</u> SIGNATURI	E:
Signa This docum	ature of a member of an authorized representative of a member. nent 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.
Stev	ven Herzberg
	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)