Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000191552 3)))



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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000080019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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. JUPE & ROBE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Helb

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L	iability Company is:	
Jupe & Robe, LLC		
(Must end with the words "Limited	Liability Company, "Limited Com	pany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and st	treet address of the princip	al office of the Limited Liability Company is:
Principal Office Address	<u>:</u> <u>Ma</u>	iling Address:
18151 NE 31 Court, #306	181	11 NE Court, #306
Aventura, Fl 33160	Ave	ntura, FI 33160
(The Limited Liability Company c business entity with an active Flo The name and the Florida	annot serve as its own Registered A rida registration.) street address of the regist	SS
valent	in Lopez Name	——————————————————————————————————————
2600 Coral C	Gables FL	P.O. Box NOT acceptable)
	City, State, and Z	p

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Adriana Lindo	
18151 NE 31 Court, #306	· · · · · · ·
Aventura, Florida 33160	
Emerson Gonzalez	
18151 NE 31 Court, #306	
Aventura, Fl. 33160	
Laura C Paez Quintero	
18151 NE 31 Court, #306	
Aventura, Fl. 33160	
Jorge D Petitt Barroso	
18151 NE 31 Court, #306	
Aventura, Fl. 33160	
	18151 NE 31 Court, #306  Aventura, Florida 33160  Emerson Gonzalez  18151 NE 31 Court, #306  Aventura, Fl. 33160  Laura C Paez Quintero  18151 NE 31 Court, #306  Aventura, Fl. 33160  Jorge D Petitt Barroso  18151 NE 31 Court, #306

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 23, 2023 \_\_. (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.)

REQUIRED SIGNATURE: Signature of a member or an influence representative of a member. (in accordance with section 408.408(\$), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) **Emerson Gonzalez** 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)