

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.

(((H23000241267 3)))



H230002412673ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:

To:

| Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. |
|----------------|--|
| Account Number | : 120000000019 |
| 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. FJS GROUP LLC

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



Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2

ARTICLE II - Address:

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

Mami 6991 3.3166 1c #5

ARTICLE III - Registered Agent, Registered Office:

| I he name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an Individual or another business entity with an active Florida registration.) | | 1 2023 | |
|--|---------------|--------|---|
| Jorge Luis Murillo AlEaro. | ALLAH | JUL I | |
| 6991 Now ANE #5. Marni 7.L. 33166 | Y U ASSE | D PF | Π |
| | S.LU E' El | 2:5 | |
| | | | |

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)



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. Typed or printed name of signce

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 here by 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 myduties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

| in onapier 000, r.e. | | 1 | |
|--|----------------|-------------------|---------------|
| λ | <u> </u> | | τ |
| | D | 0 | a sere |
| | S C | | |
| - A grant the the the the the the the the the th | () () () () | <u>-</u> <u>x</u> | *=*-d |
| Registered Agent's Signature (REQUIRED) | mi,Ľ | | _ <u>∔_</u> } |
| | | ŝ | •• |
| | | വ | |

Ē

23