

L23000367444

Florida Department of State 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.

((H23000270670 3))



H230002706703ABC

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 : CORPOLICENSE, INC
Account Number : 120050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Jocc 120981@quail.com

RECEIVED
2023 AUG -4 AM 8:19
CORPORATIONS
STATE OF FLORIDA

FLORIDA LIMITED LIABILITY CO. JASAI MULTISERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
2023 AUG -4 AM 10:12
STATE DEPT OF
TALLAHASSEE FLORIDA

23000 270670

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
JAS AIS MULTISERVICES, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

JAS AIS MULTISERVICES, LLC

ARTICLE II - ADDRESS:

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

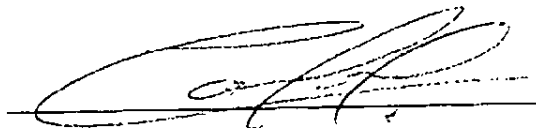
**PRINCIPAL ADDRESS: 5212 SW 141 Place
Miami, FL 33175**

FILED
2023 AUG -4 AM 10:12
SECRETARY OF
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: **JAIME O. CASTILLO**

**5212 SW 141 Place
Miami, FL 33175**



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.

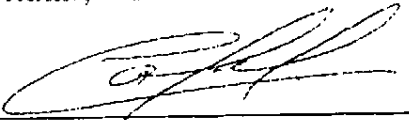
1423000 270670

H23000 2706 70

ICLE IV - Management/Member(s):

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

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	JAIME O. CASTILLO 5212 SW 141 Place Miami, FL 33175



**Jaime O. Castillo
Manager**

08/03/2023

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

H23000 2706 70