

L23000445927

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.

((H23000338464 3)))



H230003384643AEC0

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 : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

RECEIVED  
2023 SEP 26 PM 4:32  
TALLAHASSEE FL

FLORIDA LIMITED LIABILITY CO.  
JG MET LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
2023 SEP 26 PM 4:03  
CORPORATIONS  
TALLAHASSEE FL

**FILED**

2023 SEP 26 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company:*

**JG MET LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

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

***Principal and Mailing Address***

150 SE 2<sup>ND</sup> AVE SUITE 404  
MIAMI, FL 33131

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature:**

*(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.)*

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

**R&P ACCOUNTING & TAXES, INC**

*Name*

**150 SE 2<sup>ND</sup> AVE SUITE 404**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and Zip*

*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*

X-----

**Registered Agent's Signature (REQUIRED)**

**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

*The name and address of each Person authorized to manage and control the Limited Liability Company*

AMBR  
GUSTAVO EDUARDO LAINETTE ALOMA 50%  
1530 NE 168th ST APTO 208  
NORTH MIAMI BEACH, FL 33162

AMBR  
JOHN SALAZAR 65%  
1211 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

AMBR  
GLORIA SERNA 5%  
1431 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**ARTICLE V**

*Effective date, if other than the date of filing (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.)*

**SEPTEMBER 25, 2023**

**REQUIRED: SIGNATURE**

x John Jaime Salazar S.  
*Signature of a member or an authorized representative of a member.*

**JOHN SALAZAR**

*(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.)*

***ARTICLE VI***

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

**THE MAIN OBJECTIVE OF THE COMPANY IS:**

**IMPORT & EXPORT GENERAL SUPPLEMENTS**