10/2/23, 10:35 AM

Division of Corporations

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

Phone

: (800)906-9220

Fax Number

: (800)906-9880

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. JAALR LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

JAALR LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

15811 COLLINS AVENUE, UNIT 3202

SUNNY ISLES BEACH, FL 33160

15811 COLLINS AVENUE, UNIT 3202 SUNNY ISLES BEACH, FL 33160

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:

JOSEPH STEIN

Name

15811 COLLINS AVENUE, UNIT 3202

Florida street address (P.O. Box NOT acceptable)

SUNNY ISLES BEACH FL

33160

City

State

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..

/s/ JOSEPH STEIN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 OCT -2 PH 4: 28

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JOSEPH STEIN 15811 COLLINS AVENUE, UNIT 3202 SUNNY ISLES BEACH, FL 33160
MGR	ALEXANDRA STEIN 15811 COLLINS AVENUE, UNIT 3202 SUNNY JSLES BEACH, FL 33160
<u> </u>	
(Use attachment if necessary)	
effective date is listed, the date must be sate of filing.)	tte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be lise
ocument s circuive date on the Departmen	it of state s records.
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

Typed or printed name of signee

IOSEPH STEIN