

**L23000466234**

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.**

(((H23000355126 3)))



H230003551263ABC.

**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 : TAP SOLUTIONS INC  
Account Number : I20210000103  
Phone : (786)615-3057  
Fax Number : (786)615-3058

*J.H.*  
*10/10/23*

2023 OCT 10 PM 1:14

RECEIVED

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

Email Address: info@tapsolution.net

FLORIDA LIMITED LIABILITY CO.  
JOMO SERVICES LLC

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

2023 OCT 10 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*TB*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOMO SERVICES 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:

6415 NW 17TH AVE APT 201  
MIAMI, FL 33147

Mailing Address:

6415 NW 17TH AVE APT 201  
MIAMI, FL 33147

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:

JORGE ISMAEL MORALES

Name

6415 NW 17TH AVE APT 201

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

MIAMI

City

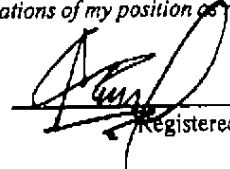
FL

State

33147

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT 10 PM 4: 14

FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

JORGE ISMAEL MORALES  
6415 NW 17TH AVE APT 201  
MIAMI, FL 33147

AMBR

ERICKA ROJAS PAVON  
6415 NW 17TH AVE APT 201  
MIAMI, FL 33147

(Use attachment if necessary)

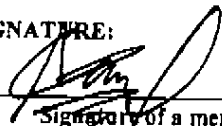
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

JORGE ISMAEL MORALES

Typed or printed name of signee

SECRETARY OF STATE  
ALLAHUSSAIBI, FLORIDA

2023 OCT 10 PM 4: 14

FILED