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(Requestor's Name)		
(Ac	dcress)	
,		
(Address)		
	ty/State/Zip/Phone #)	
(Cir	tyrotaterzip/Filone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
, 		
Special Instructions to Filin	ng Officer;	

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953



ORDER FORM

TO: Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST_DATE 10/25/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#): 1189494

ORDER ENTITY
JOW INVESTMENT LLC

PLEASE PERFORM THE FOLLOWING SERVICES: JOW INVESTMENT LLC (FL)

New LLC filing

NOTES: \$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, October 25, 2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I

The name of the Limited Liability Company is:

JQW INVESTMENT LLC

Article II

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

543 Amadoras Way St. Cloud, FL 34771

The mailing address of the Limited Liability Company is:

99 Syosset Circle Syosset, NY 11791

Article III

The name and Florida street address of the registered agent is:

Corporate Service Bureau Inc. 1540 Glenway Drive Tallahassee, FL 32301

Having been named as registered agent and to accept service of process for the above states 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.

Registered Agent Signature: s/Scott J. Schuster

2025

(.)

Article IV

The name and address of the person(s) authorized to manage LLC:

AMBR Shan Wang 99 Syosset Circle Syosset, NY 11791

AMBR Ningbo Qu 99 Syosset Circle Syosset, NY 11791

Article V

The effective date for this Limited Liability Company shall be:

10/25/2023

Article VI

Other provisions, if any:

Signature of member or an authorized representative

Dated: October 25, 2023

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles or Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.