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Note: Please print this page and use it as your cover sheet. Type the fax number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR DREAM SERVICES CORP.
Account Number : I20200000127
Phone : (786)560-0108
Fax Number : (786)364-1047

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@yourdreamsc.com

FLORIDA LIMITED LIABILITY CO.

Jall Group LLC

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

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL
T. MATTHEWS
NOV 17 2023

COVER LETTER (((H23000397127 3)))

TO: **New Filing Section**
Division of Corporations

SUBJECT: Jall Group LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE LUIS DURAN CASTRO
Name of Person

Jorge luis duran castro
Firm/Company

9460 FONTAINEBLEAU BLVD #420
Address

MIAMI FL
City/State and Zip Code

Durancastro88@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE LUIS DURAN CASTRO at (786) 533-6900
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MailingAddress
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:
The name of the Limited Liability Company is:

JALL GROUP 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:
9460 FONTAINEBLEAU #420	9460 FONTAINEBLEAU BLVD #420
MIAMI FL 33172	MIAMI FL 33172

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:

YOUR DREAM MULTISERVICES CORP
Name

9554 NW 41st ST
Florida street address (P.O. Box **NOT** acceptable)

DORAL	FL	33178
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.

Asamar torres
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
P	JORGE LUIS DURAN CASTRO 9460 FONTAINEBLEAU BLVD #420 MIAMI FL 33172
V	YURY ANDREINA LOPEZ LUQEZ 8500 SW 133 RD AVE APT 118 MIAMI FL 33183
MGR	JESUS DAVID DURAN CASTRO 8500 SW 133RD AVE UNIT 118 MIAMI FL 33183
S	JORGE LEONARDO DURAN CASTRO 9460 FONTAINEBLEAU BLVD APT420 MIAMI FL 33172-7524

(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:

Jorge luis duran castro

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 LUIS DURAN CASTRO
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)