

To:

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12/5/23, 10:12 AM

From: Yanet Avila

2023-12-06 10:40:23 CMT
13-5328-774
Division of Corporations
H230004144673

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000414467 3)))



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FLORIDA LIMITED LIABILITY CO.
JOMAS LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOMAS 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:

3701 N JONH YOUNG PKWY SUITE 102
ORLANDO, FL 32804

SAME

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:

A.T.PLUS OF MIAMI, INC.

Name

8180 NW 36 STREET 321

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

DORAL

FL

33166

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/ Neuza Cesar Miranda

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

AMBR

FLAVIO DE PAULA BAGGIO
7698 FAIRGROVE AVE
WINDERMERE, FL 34786

AMBR

JUSSARA DE PAULA BAGGIO
RUA MARECHIAL TEODORO DA FONSECA,336
APTO 81 GUARUJA / SP BRAZIL

AMBR

OSVALDO BAGGIO
RUA MARECHIAL TEODORO DA FONSECA,336
APTO 81 GUARUJA / SP BRAZIL

(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:

/s/ Flavio De Paula Baggio

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.

FLAVIO DE PAULA BAGGIO

Typed or printed name of signer

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)

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FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176381

FROM Yanet Avila

DATE 2023-12-06 20:40:39 GMT

RE Fw: KRYSTAL INVESTMENTS GROUP LLC

COVER MESSAGE**From:** Filing ECFS**Sent:** Tuesday, December 5, 2023 10:24 AM**To:** 18506176381@metrofax.com <18506176381@metrofax.com>**Subject:** KRYSTAL INVESTMENTS GROUP LLC**Mary Martinez**

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