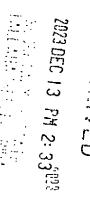
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## CAPITAL CONNECTION, INC.

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JAS&TSEN	ΓERPRISE LLC	— <sub>1</sub>
Please Debit FC	A000000003 For: 125	
Thank you Seth	Neelcy	
1-4-	/	
- Hely		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Ait, of Amend, File
		RA Resignation
		Dissolution / Withdrawa)
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
14-21		Officer Search
A		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
	· — — — — — — — — — — — — — — — — — — —	Driving Record
Requested by:		UCC 1 or 3 File
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. varire	Date Time	UCC 11 Retrieval
Walk-In		Courier



December 13, 2023

CAPITAL CONNECTION, INC.

SUBJECT: J A S & T S ENTERPRISE LLC

Ref. Number: W23000165991

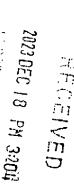
We have received your document for J A S & T S ENTERPRISE LLC. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 323A00028427



#### COVER LETTER

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TO:	New Filing Section of Cor	ion porations					
SUBJI		ENTERPRISE	LLC				
		Ni	ime of Lin	nited Liabili	ty Company		
The en	closed Articles of 0	Organization and	d f <del>ee</del> (s) ar	e submitted	for filing.		
Please	return all correspo	ndence concerni	ng this me	atter to the f	ollowing:		
	HERMAN SI	NGH					
				Name of	Person		
	HERMAN SI	NGH & ASSO	CIATES I	NC			
				Firm/Co	mpany		
	600 RINEHA	RT ROAD, SU	TE 2008				
		•		Addre			
	LAKE MARY	, FL 32746					
	DIFO QUETA	TTC COM	C	ity/State and	l Zip Code		
	INFO@HSTA		o be used	for future a	nnual report notificat	ion)	
For furth	er information con	cerning this mat	ter, please	call:			
	HERMAN SII	ıgı <b>r</b>	40 at (	)7 	831-1399 )		
	Name	of Person	Λı	rea Code	Daytime Telephon		
Bnclose	ed is a check for the	following amo	unt:				
□ <b>\$</b> 125	5.00 Filing Fee	□\$130.00 Fili Certificate of \$		Certifie	i.00 Filing Fce & id Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Address			Street Address		
	New Filing Section Division of Corporations			New Filing Section Division The Centre of Tallahassec			
P.O. Box 6327			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Company is:				
2 4 1	& T S ENTERPRISE LLC				
110	(Must contain the words "Limited	Liability Comp	any, "L.I.,C.," or "LLC.")		
ARTICLE II - A	ddress: ess and street address of the principal o	office of the Lim	nited Liability Company is:		
Principal Office Address:			Mailing Address:		
1157 WEST STATE RD 436 UNIT 101			1157 WEST STATE RD 436 UNIT 101		
ALTA	MONTE SPRINGS, FL 32714		ALTAMONTE SPRINGS, FL 32714		
The name and the	Florida street address of the registered SARA NAFIZ ZAG	HLUL			
Name					
1743 SWEETWATER WEST CIRCLE					
Florida street address (P.O. Box NOT acceptable)					
	APOPKA	FL	32712		
	City	State	Zip		
place designated in Turther agree to col	this certificate, I hereby accept the app nply with the provisions of all statutes r d accept the obligations of my position	ointment as regi elating to the pro as registered ag	r the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and I tent as provided for in Chapter 605, F.S  gnature (REQUIRED)		
		\ 2 - 1 · 1 · 1 · 1 · 1 · 1 · 1	<i>,</i>		

# 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 SARA NAFIZ ZAGHLUL 1743 SWEETWATER WEST CIRCLE APOPKA, FL 32712 MGR\_\_\_\_ (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2024 \_\_\_\_. (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.

Sara Zaghlul

Typed or printed name of signee