3/6/24, 10:30 AM Division of Corporations

L24000110365

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
JM & ADA ASSOCIATES 2 LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$125.00

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March 7, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS

,

SUBJECT: JM & ADA ASSOCIATES 2 LLC
REF: W24000037888

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Articles of Organization are not legilbe and acceptable for imaging. The print is not dark enough.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H24000088519
Letter Number: 824A00005026

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

JM & ADA ASSOCIATES 2 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:**
1232 NE 176TH TER	1232 NE 176TH TER
NORTH MIAMI BEACH, FL 33162	NORTH MIAMI BEACH, FL 33162

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:

JACOB BERKOVITZ
Name

1232 NE 176TH TER
Florida street address (P.O. Box NOT acceptable)

NORTH MIAMI BEACH, FL 33162
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.

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	JACOB BERKOVITZ 1232 NE 176TH TER NORTH MIAMI BEACH, FL 33162

(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.

JACOB BERKOVITZ
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)

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