## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

(((H24000140042 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102

Phone : (954)998-1035

Fax Number

: (954)573-1480

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Ema	i	1	Δd	de	٠,	c	c	
F ING	-	-	nu	4		-	•	

## FLORIDA LIMITED LIABILITY CO. J&J POWER INVESTMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.oxe

1/00i Fax Server



April 18, 2024

FLORIDA DEPARTMENT OF STATE

SOSME ACCOUNTING & TAX SERVICES LLC

SUBJECT: J&J INVESTMENT ENTERPRISE LLC

REF: W24000061794

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L23000355189.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tekayla T Matthews Regulatory Specialist II New Filings Section FAX Aud. #: H24000140042 Letter Number: 624A00008519

## COVER LETTER

TO:	New Filing Se Division of Co					
SUBJE	J&J POW	'ER INVESTMEN'	T LLC			
		Nam	e of Limit	ed Liabii	ity Company	
The end	losed Articles o	f Organization and f	ee(s) are s	ubmitted	for filing.	
Please r	eturn all corresp	ondence concerning	this matte	er to the f	ollowing:	
	JULIAN TO	DRO				
		<del> </del>		Name of	Person	······································
	J&J POWE	R INVESTMENT L	LC			
				Firm/Co	тралу	•••
	8014 NW (	OIST AVE				
				Addr	:55	
	TAMARAC	FL 33321				
	JTORO3 1646	@OUTLOOK.COM		/State and	1 Zip Code	
				r future a	nnual report notificat	ion)
For furthe	r information co	oncerning this matter	, please ca	ıll:		
	JULIAN TO	RO	786		503-4721	
	Nan	ne of Person	_at ( Arca	Code	) Daytime Telephon	e Number
Enctosed	d is a check for t	he following amoun	t:			
□\$125.	00 Filing Fee	S130.00 Filing Certificate of Sta	tus	Certific	.00 Filing Fee & d Copy (I copy is enclosed)	©\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	ig Address iling Section on of Corporations ox 6327			Street Address New Filing Section Di The Centre of Tallaha 1415 N. Monroc Stree	issee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILTLY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
J&J POWER INVESTMENT LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	-fabrith destriction of
the maning address and street address of the principal diffice	of the Limited Liability Company is:
Principal Office Address;	Mailing Address:
9014 NW 1010T + 11E	<del></del> -
8014 NW 101ST AVE	8014 NW 101ST AVE
TAMARAC FL 33321	TAMARAC FL 33321
ARTICLE III - Registered Agent, Registered Office, & R	release and the second
(The Limited Liability Company cannot serve as its own Reg	egistered Agent 5 Signature:
another business entity with an active Florida registration.)	istered Agent. Fou must designate an individual or
·	
The name and the Florida street address of the registered age	nt are:
JULIAN TORO	

Name **8014 NW 101ST AVE** Florida street address (P.O. Box NOT acceptable) **TAMARAC** City State Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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.,

stered Agent's Signature (REQUIRED)

(CONTINUED)



**a**5

Title: "AMBR" = Authorized Member "MGR" ~ Manager	Name and Address:
MANAGER	JULIAN TORO 8014 NW 101ST AVE TAMARAC FL 33321
MANAGER	JONATHAN E MENDEZ GALEANO 1481 SW 49TH AVE FORT LAUDERDALE FL 33317
(Use attachment if necessary)	
EV: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does r	date of filing:
EV: Effective date, if other than the active date is listed, the date must be filling.) the date inserted in this block does renet's effective date on the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must b filing.) the date inserted in this block does ment's effective date on the Department's Other provisions, if any.	e specific and cannot be more than five business days prior to or 9.  not meet the applicable statutory filing requirements, this date will no
EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is extended to the aware that any aware that	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.

\$ 30.00 Certificate of Status (Optional)