

Florida Department of State

Division of Corporations

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

Email Address: sadycharon@gmail.com

FLORIDA LIMITED LIABILITY CO.

JOLASAMA 18, LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION OF JOLASAMA 18, LLC

The undersigned Member to these Articles of Organization hereby forms a Limited Liability Company under the laws of the State of Florida in accordance with Florida Statutes Chapter 605.0113.

ARTICLE I

Name

The name of the Limited Liability Company is:

JOLASAMA 18, LLC

ARTICLE II

Terms of Existence

This Limited Liability Company shall have perpetual existence.

ARTICLE III

Nature of Business and Powers

The general nature of the business to be transacted by the Limited Liability Company is to engage in any and all business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

Address

The mailing address and street address of the principal office of the Limited Liability Company is:

1835 NE Miami Gardens Drive
Suite #415
North Miami Beach, FL 33179

ARTICLE V

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Sadia Chocron Morely
3347 NE 168th Street
North Miami Beach, FL 33160

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 605.0113, F.S.

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**ARTICLE VI
Management**

The Limited Liability Company shall have four (4) members initially. The number of Members may be increased from time to time pursuant to the Bylaws, but shall never be less than two (2). Management of the Limited Liability Company is to be vested in the Managers of the Company initially as set forth below.

In the event of the death, disability, resignation or any other event, which renders a Member unable to continue his/her membership in the Company, operation of the Company shall be vested in the remaining Members.

**ARTICLE VII
Managers**

The name of the initial Managers of the Limited Liability Company and their street address is:

Sadia Chocron Morely
1835 NE Miami Gardens Drive
Suite #415
North Miami Beach, FL 33179

Alan Chocron
1835 NE Miami Gardens Drive
Suite #415
North Miami Beach, FL 33179

Mark Encaoua
500 S. Dixie Highway
Suite #335
Hallandale, FL 33009

The managers shall hold office for the first year of existence of this Limited Liability Company or until their successors are elected or appointed and have qualified, whichever occurs first.

**ARTICLE VIII
Amendment**

This Limited Liability Company reserves the right, to amend or repeal any provisions contained in these Article of Organization or any Amendment to them, and any right conferred upon the Managers is subject to reservation.

IN WITNESS WHEREOF, the undersigned, as Manager, has executed the foregoing Article of Organization this 11th day of June, 2024.


SADIA CHOCRON MORELY

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**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE OF
JOLASAMA 18, LLC**

Pursuant to Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the state of Florida:

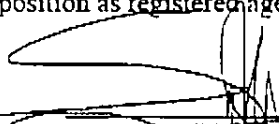
The name of the Limited Liability Company is:

JOLASAMA 18, LLC

The name and Florida street address of the registered agent is:

Sadia Chocron Morely
3347 NE 168th Street
North Miami Beach, FL 33160

Having been named as registered agent to accept service of process for the above sated 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 the obligations of my position as registered agent.



SADIA CHOCRON MORELY

Date: 6/11/24

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