# 124000290989

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

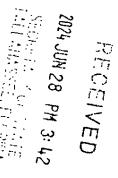
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TEMO



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JJOTC, LLC	`   -
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
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	LTD Partnership File
	Foreign Corp. File
	L.C. File 23
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	Trade/Service Mark
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	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date IIIIe	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER SHEET**

To: Registration Section/Division of Corporation

Subject: New Entity Filing

Entity Name: JJOTC, LLC, a Florida limited liability company

Memo: The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel Ferrell Beloff Law, PA 1691 Michigan Avenue

Suite: 210

Miami Beach, Florida 33139

Telephone: 305-673-1101 Ext: 113

Fax: 305-673-5505

Email Address: <u>Isabel@belofflaw.com</u>

#### Requested Items:

- Entity Filing
- Certificate of Status
- Certified Copy

## ARTICLES OF ORGANIZATION FOR JJOTC, LLC, a Florida limited liability company

The undersigned, desiring to form a Limited Liability Company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

#### ARTICLE I- NAME:

The Name of the Limited Liability Company is: **JJOTC**, **LLC**, a Florida limited liability company

#### ARTICLE II- ADDRESS:

The Address of its Principal Place of Business, as well as the Mailing Address for this Bimited Liability Company is: 2665 S. Bayshore Drive, Suite 410, Miami, Florida 33133.

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE:

The Name and the Florida Address of the Registered Agent are:

James Curnin: 2665 S. Bayshore Drive, Suite: 410, Miami, Florida 33133.

Having been named as registered agent and to accept service of process for the above state 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.

ames Ournin, Registered Agent

#### ARTICLE IV-

The Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:

TITLE:

NAME AND ADDRESS:

Manager

Jennifer Curnin

2665 S. Bayshore Drive

Suite: 410

Miami, FL 33133

Manager

James Curnin

2665 S. Bayshore Drive

Suite: 410

Miami, FL 33133

ARTICLE V-

Effective Date, if other than the date of filing: June 27th, 2024

ARTICLE VI- Other provisions, if any.

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#### REQUIRED SIGNATURES:

DocuSigned by:
James Carnin, Manager

(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s817.155,F.S.)