

H24 0002597403
Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

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 Fax Number : (321)206-9743

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

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FLORIDA LIMITED LIABILITY CO.
SERVICES JCA LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Electronic Filing Menu

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Help

H240002597403

H 2400025974 0 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SERVICES JCA LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person	SECRETARY OF STATE TALLAHASSEE, FL
JUAN CAMILO RIVERA GARZON	
Firm/Company	
1188 SKY LAKES DR	
Address	
SAINT CLOUD, FL 34769	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

JUAN CAMILO RIVERA G.	786	868-3413
Name of Person:	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H2400025974 0 3

H240002597403

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVICES JCA 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:1188 SKY LAKES DR
SAINT CLOUD, FL 34769Mailing Address:1188 SKY LAKES DR
SAINT CLOUD, FL 34769

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:

JUAN CAMILO RIVERA GARZON

Name

1188 SKY LAKES DRFlorida street address (P.O. Box **NOT** acceptable)

<u>SAINT CLOUD</u>	<u>FLORIDA</u>	<u>34769</u>
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.

Juan Camilo Rivera

Registered Agent's Signature (REQUIRED)

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#2400025974 0 3

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGR

JUAN CAMILO RIVERA GARZON
 1188 SKY LAKES DR
 SAINT CLOUD, FL 34769

MGR

CARLOS J RIVERA
 1188 SKY LAKES DR
 SAINT CLOUD, FL 34769

MGR

ANGELA RAMIREZ VILLALBA
 1188 SKY LAKES DR
 SAINT CLOUD, FL 34769

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(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:**

Juan Camilo Rivera

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.

JUAN CAMILO RIVERA GARZON

Typed or printed name of signer

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)**

H2400025974 0 3