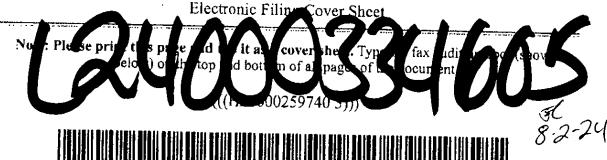
### #24 00025414U 5 Florida Department of State

Division of Corporations



H240002597403ABC0

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 : EXPERTAX Account Number : 120200000010 Phone : (487)777-7470 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.\*\*

Email Address:\_\_

### FLORIDA LIMITED LIABILITY CO. SERVICES JCA LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

# H240062597403

#### COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJI	SERVICES JCA LLC		
3000	·	e of Limited Liability Company	
The en	closed Articles of Organization and i	ee(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to the following:	
		Name of Person	<u> </u>
	JUAN CAMILO RIVERA GA		2024 AUG Sēri
		Firm/Company	<u></u>
	1188 SKY LAKES DR		
		Address	$\Xi_{\mathcal{O}} = \Xi$
	SAINT CLOUD, FL 34769		FL PLE
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	
For furth	er information concerning this matte	; please call:	
	JUAN CAMILO RIVERA G.	786 868-3413	
	Name of Person	Area Code Daytime Telephone Number	<del></del>
Enclose	ed is a check for the following amoun	ıt:	
□\$12±	5.00 Filing Fee S130.00 Filing Certificate of Sta	tus Certified Copy Certific (additional copy is enclosed) Certifie	.00 Filing Fee, cate of Status & cd Copy al 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	)

## H240002597403

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	mpany is:					
SERVICES JCA LLC						
(Must conatin the	e words "Limited I	iability Company, "L	L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	s of the principal ol	ffice of the Limited L	ability Company is:			
Principal Of	fice Address:		Mailing Address	<b>:</b> :		
1188 SKY LAKES DR SAINT CLOUD, FL 3476	9		KY LAKES DR CLOUD, FL 34769			
ARTICLE III - Registered Agent, F (The Limited Liability Company cann another business entity with an active	ot serve as its own	Registered Agent. Yo	s Signuture: u must designate an indiv	idual or	2024 AUG - I	- 1.22 - 24 - 24
The name and the Florida street addre	ss of the registered	agent are:		::;:K :::::::::::::::::::::::::::::::::	PH	2 (110) 2   8
<u>10</u>	AN CAMILO RIV	ERA GARZON Name		E ST	••	
11.	88 SKY LAKES D	R		:- <del>I</del> E	22	
FI	orida street address	(P.O. Box NOT acco	eptable)			
<u>S.</u>	INT CLOUD	FLORIDA	34769			
	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..

Tuan Camilo Rivera Registered Agont's Signature (REQUIRED)

(CONTINUED)

!

# #24000259740 3

"AMBR" = Authorized Memb "MGR" = Manager	Name and Address:  per
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
EV: Effective date if other the	an the date of filing: (OPTIONAL)
ective date is listed, the date n of filing.) (the date inserted in this block ment's effective date on the De	must be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date n of filing.) (the date inserted in this block ment's effective date on the De	must be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
ective date is listed, the date not filing.) the date inserted in this block ment's effective date on the De E V1: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
ective date is listed, the date not filing.) (the date inserted in this block enent's effective date on the Detective date on the De	must be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)