

Florida Department of State

L24000350482
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (888) 690-5310

From: Account Name : J316 JERP GROUP LLC
Account Number : 100250004189
Phone : (215) 703-8464
Fax Number : (877) 490-5310

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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: _____

RECEIVED
JERP GROUP LLC
AUG 14 PM 2:56

FLORIDA LIMITED LIABILITY CO.
JERP GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T.J.H.
8/15/24

Article I

The name of the Limited Liability Company is:

JERP GROUP LLC

Article II

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

2295 S. HIAWASSEE ROAD STE 104
ORLANDO, FL 32835

The mailing address of the Limited Liability Company is:

2295 S. HIAWASSEE ROAD STE 104
ORLANDO, FL 32835

Article III

ANY AND ALL LAWFUL BUSINESS AND ACTIVITIES NOT FORBIDDEN BY FLORIDA LAWS OR ANY OTHER LAW, OR BY THESE ARTICLES OF INCORPORATION, TO CARRY OUT SAID PURPOSES IN FLORIDA AND ANY STATE OR TERRITORIES OF THE UNITED STATES.

Article IV

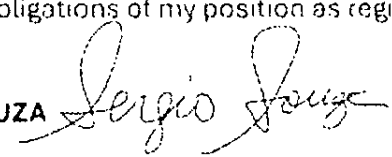
The name and Florida street address of the registered agent is:

J316 SERVICES LLC
2295 S. HIAWASSEE ROAD STE 104
ORLANDO, FL 32835

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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.

Registered Agent Signature: **SERGIO DA SILVA E SOUZA**



Article V

The name and address of person(s) authorized to Manage the LLC:

Title: AMBR

JOAO ALFREDO SOUZA MACEDO
Rua Jornalista Feltman Gondim, 44
Boa Vista – RR – Brazil 69312-547

Title AMBR:

RAFAEL KONZEN
Alameda 06, 397
Boa Vista – RR – Brazil 69311-172

Title AMBR:

EDSON JEAN CARLI ARAUJO
Rua Victor Hugo, 1468 – Aparecida
Boa Vista - RR – Brazil 69306-393


Article VI

The effective date for this Limited Liability Company shall be:

08/13/2024

Signature of member or an authorized representative

Electronic Signature: **SERGIO DA SILVA E SOUZA**



I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 60 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of a general partner or all general partners^a:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

[Handwritten Signature]

SHAYZOOK VILLAGE, LLC
Name: Daffin, Daffin
Title: Manager

Signature(s) of all new or dissociating general partner(s), if any:

[Handwritten Signature]

ADONIS SECOND HANDS, INC
Name: Karyn Jackson Jones
Title: President/CEO

[Handwritten Signature]

ADONIS VILLAGE, INC
Name: Karyn Jackson Jones
Title: President/CEO

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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