L24000390535

(Requestor's Name)	
(Address)	
(Address)	·
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
	J/_
(Business Entity Name)	<u> </u>
(Document Number)	·-
Certified Copies Certificates of Stati	II.C
Certified Copies Certificates of Stati	us
Special Instructions to Filing Officer:	





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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP	JENA 9/11
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	I.I.C
•	JAS OVATION INVESTOR	S, LLC
	(CORPORATE NAME AND DOCUMEN	T`#)
•	(CORPORATE NAME AND DOCUMEN	(1 ⁾ #)
•	(CORPORATE NAME AND DOCUMEN	Τ #)
	(CORPORATE NAME AND DOCUMEN	T #)
•	(CORPORATE NAME AND DOCUMEN	71° h)
	(CORPORATE, NAME, AND DOCUMEN	1 7)
•	(CORPORATE NAME AND DOCUMEN	71° #)
PECIAI	L INSTRUCTIONS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	y Company is:			
14.000				
JAS Ovation Investor		Liability Company	y. "L.L.C.," or "LI.C.")	
(Widse Coma	in the words Emitted	Elabiniy Company	r. E.E.C., (ii El.C.)	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limite	ed Liability Company is:	
Principa	l Office Address:		Mailing Addi	ress:
21101 NE 38 Avenue		21	101 NE 38 Avenue	
Aventura, FL 33180			entura, FL 33180	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration ddress of the registered	Registered Agent in.)		dividual or
	Jay Shapiro	Name		
	21101 NE 38 Avenu			
Florida street address (P.O. Box NOT acceptable)				
	Aventura	FL	33180	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro im familiar with and accept the obi	I hereby accept the app ovisions of all statutes re ligations of my position	ointment as registe elating to the prop	ered agent and a <mark>gree t</mark> o act er and complete performan	in this capacity. I ce of my duties, and I
	Regist	ered Agent's Sign	ature (REQUIRED)	
		(CONTINUED)	

ARTICLE IV-

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

<u>Title:</u>		Name and Address:		
	thorized Member			
"MGR" = Man	<u>-</u>	t Observe		
MGR		Jay Shapiro		
		21101 NE 38 Avenue Aventura, FL 33180		
		Aventura, FL 55180		
-				
		 -		
				
				
				
				
				
d: 1				
(Use attachmer	t ii necessary)			
e document's effective	date on the Department of Sta	the applicable statutory filing requirements, this dance's records.		
TICLE VI: Other pro	visions, if any.			
REOUIRED S	IGNATURE:			
		ay Shapiro		
-	<u> </u>			
	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			
		ny as provided for in s.817.155, F.S.	n or state	
	Jay Shapiro			
	Ту	ped or printed name of signee		
		Filing Fees:		
		ation and Designation of Registered Agent		
	tified Copy (Optional)		202	
\$ 5.00 Cert	ificate of Status (Optional)		22	