

## Florida Department of State

**L24000408402**

9.23.24

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## To:

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

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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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: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
EP ECOMMERCE SOLUTION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JP eCommerce Solution LLC

**ARTICLE II - Address:**

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

4121 NW 25th #102

Miami, FL 33142

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Juan Prieto

6265 Sunset Dr Apt 14E

South Miami, FL 33143

**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

MGR - Juan Prieto

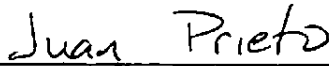
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EIN: 99-5026200

**Required Signatures:****Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

**Typed or printed name of signee**

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..

**Registered Agent's Signature (REQUIRED)**

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