

H2400041702

Florida Department of State
Division of Corporations
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(((H24000323029 3)))



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

From:
Account Name : SALOMON B. ESQUENAZI, P.A.
Account Number : I20130000020
Phone : (954)989-4995
Fax Number : (954)989-4991

[Handwritten signature]
9/24/24

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Email Address: corporate@esquenazi-law.com

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SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
JAAM-CM LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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

ARTICLE I. Name

The name of the Limited Liability Company is:

JAAM-CM LLC

ARTICLE II. – Addresses

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

175 SW 7th St., Suite 2112
Miami, FL 33130

**ARTICLE III. – Registered Agent, Registered Office,
& Registered Agent's Signature:**

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

Corporate Solutions of South Florida, Inc.
4651 Sheridan Street, Suite 355,
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc



Salomon B. Esquenazi, President

Audit No: **H24000323029 3**
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995

09/24/2024 3:23 PM

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ARTICLE IV. – Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

ALZATE MESA, Jose Alejandro
175 SW 7th St Suite 2112
Miami FL 33130

Jose Alejandro Mesa

Print name: Jose Alejandro Alzate Mesa

Signature of a member or 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.)

4876-6003-1720, v. 1

Audit No: **H24000323029 3**
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995