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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone : (786)615-3057

Fax Number : (786)615-3058

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: 9nfo@ tapsolution. net.

## FLORIDA LIMITED LIABILITY CO. JCAST SERVICES LLC

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T.J.H 10/29/24

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

JCAST SERVICES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:	Maning Address:	
e de tig: CORAL GABLES, FL 33134	4332 W FLAGLER ST UNIT 301	
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134	
(gr, gre-		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

JESUS ERNESTO C	<u>ASTELLON GUT</u>	TIERREZ
	Namc	
4332 W FLAGLER \$1	Γ UNIT 30 <u>1</u>	
Florida street address (	P.O. Box NOT a	cceptable)
CORAL GABLES	FL	33134
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

`. :

"AMBR" = Authorized Member "MGR" = Manager  AMBR  JESUS ERNESTO CASTELLON GUTIERREZ  4332 W FLAGLER ST UNIT 301  CORAL GABLES, FL 33134  AMBR  JOSE GABRIELA RUIZ DE CASTELLON  4332 W FLAGLER ST UNIT 301  CORAL GABLES, FL 33134  (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  active of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  US ERNESTO CASTELLON GUTIERREZ (99 UNITS)  E GABRIELA RUIZ DE CASTELLON (1 UNIT)	<u>Title:</u>	Name and Address:
AMBR  JESUS ERNESTO CASTELLON GUTIERREZ  4332 W FLAGLER ST UNIT 301  CORAL GABLES, FL 33134  AMBR  JOSE GABRIELA RUIZ DE CASTELLON  4332 W FLAGLER ST UNIT 301  CORAL GABLES, FL 33134  US 1  CORAL GABLES, FL 33134  (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:		ember
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CORAL GABLES, FL 33134  JOSE GABRIELA RUIZ DE CASTELLON 4332 W FLAGLER ST UNIT 301 CORAL GABLES, FL 33134  (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be more than five-business days prior to or 90 days late of filing.)  E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be life incurrent of State's records.  TICLE VI: Other provisions, if any.  US ERNESTO CASTELLON GUTIERREZ (99 UNITS)  E. GABRIELA RUIZ DE CASTELLON (1 UNIT)	AMBR	4332 W FLAGLER ST UNIT 301
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Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Plorida Statutes. 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.

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1.3 <u>:</u> :

JESUS ERNESTO CASTELLON GUTIERREZ

Typed or printed name of signee