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FLORIDA LIMITED LIABILITY CO. **JNMR 34402 LLC**

Certificate of Status	0
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
	JNMR 34402 L	LC	
(Must cont	ain the words "Limited Liability (Company, "L.L.C.," or "LLC)
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of th	oc Limited Liability Compan	y is:
Princip	al Office Address:	Mailing	2 Address:
620 QUAIL AVE, M	IIAMI SPRINGS, FL 33166	620 QUAIL AVE, MIA	MI SPRINGS, FL 33166
(The Limited Liability Company another business entity with an a	ent, Registered Office, & Regist cannot serve as its own Registered active Florida registration.) address of the registered agent are Nury Maria Mas	d Agent. You must designat	e an individual or
	Name	Sud-I (uiz	
	620 QUAIL	AVF	
	Florida street address (P.O. Bo	· · · · · · · · · · · · · · · · · · ·	
	MIAMI SPRING	SS, FL 33166	
	City Sta	te Zip	
laving been named as registered or place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appointment of ovisions of all statutes relating to ligations of my position as registed	ns registered agent and agree the proper and complete perf	to act in this capacity. I ormance of my duties, and I Chapter 605, F.S
	(CON'I	INUED)	

Title:	thorized Member	Name and Address:		
"MGR" = Man				
MGR		NURY MARIA MASUD-RUIZ		
		620 QUAIL AVE		
		MIAMI SPRINGS, FL 33166		
AMBR		JOSE M RUIZ JR		
		620 QUAIL AVE		
		MIAMI SPRINGS, FL 33166		
	•			
(If an effective date is lis the date of filing.)	sted, the date must be sp d in this block does not	e of filing: 11/20/2024 (OPTIONAL) recific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.		
ARTICLE VI: Other pro	visions, if any.			
ANY AND ALL LAWFUL	L BUSINESS			
REQUIRED S	ICNATURE.			
<u>KEOURED</u> S				
_	N	ember or an authorized representative of a member.		
	This document is exect I am aware that any fals	enifiber or an authorized représentative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. Ite information submitted in a document to the Department of State Ite felony as provided for in s.817.155, F.S.		
	Ū	NURY MARIA MASUD-RUIZ		
		Typed or printed name of signee		

SECRETARY OF STATE