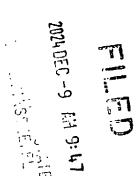


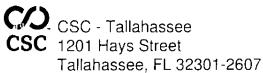
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
epedial management

Office Use Only









850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 12/09/24 Order #: 1719878-1 Re: JHAR 2, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

closed please find:
Certificate of Formation/Incorporation
Amount to be deducted from our State Account: \$155.0 - FL State Account-Number:

120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

•			COVER LET	TER			
	ew Filing Section						
	JHAR 2, LLC						
SUBJECT	:	Name of Limited Liability Company					
The enclos	sed Articles of Org	ganization and fee(s	s) are submitted	I for filing.			
Please retu	ırn all corresponde	ence concerning this	s matter to the	following:			
	Robert Harms						
		····· — —	Name of	Person	<u> </u>		
	JHAR 2, LLC						
			Firm/Co	ompany	·		2021
	29B Anchor Dri	ve, Ocean Reef				-	2024 DEC
			Addı	ress	_ .	:Ξ Όγ	-9
	Key Largo, FL	33037				5% Fril	R
	rharms@ghcci.co	am.	City/State ar	nd Zip Code		를 걸	M 9: 47
			sed for future a	annual report notificati	on)	<u>(T)</u>	
For further i	nformation conce	rning this matter, pl	lease call:				
	Joseph Mignone		646	414-414-6792			
	Name of		Area Code	Daytime Telephon	e Number	-	
Enclosed i	s a check for the f	ollowing amount:					
	Filing Fee 🛮 🗀	2\$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ied Copy al copy is enclosed)	□\$160.00 Certificate Certified ((additional c	of Status Copy	<i>I</i> .
	<u>Mailing A</u> New Filing			Street Address New Filing Section Di	vision		
Division of Corporations P.O. Box 6327			The Centre of Tallaha 2415 N. Monroe Stree	issee			
Tallahassee, FL 32314				Tallahassee, FL 32303			

INITED LIABILITY COMPANY
mpany, "L.L.C.," or "L.L.C.")
Limited Liability Company is: Mailing Address:
2519 River Rd., Manasquan, NJ 08736

Corporation Service Company

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

another business entity with an active Florida registration.)

	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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.. Corporation Service Company

<u>ву</u>__Shauna Godbolt__

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Robert Harms 2519 River Rd., Manasquan NJ 08736
(Use attachment if necessary)	2024 DEC
(If an effective date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days and the more than five business days prior to or 90 days and the more the applicable statutory filing requirements, this date, will not be listed
ARTICLE VI: Other provisions, if any.	
Signature of a m This document is exect I am aware that any fals	be felony as provided for in s.817.155, F.S.
Robert Harms	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FIN-77594