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(Re	questor's Name)	
(Ad	dress)	
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OA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(5)	·	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	

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PROSENANT PH 4: 2 PECSETAND OF STA



12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S)

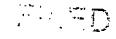
1.	J.J.D. EI	Herprises L.L.C.
	(CORPORATE NAME)	(DOCUMENT#)
2.	(CORPORATE NAME)	(DOCUMENT #)
3.	(CORPORATE NAME)	(DOCUMENT #)
] Walk-In X Pick up time:	Certified Copy Certificate Of Status

New Filings		
	Profit	
	Non-Profit	
X	Limited Liability	
	Other:	

Amendments		
Amendments		
Resignation		
Dissolution/Withdrawal		
Other:		

Other Filings		
	Annual Report	
	Fictitious Name	
	Apostille:	
	Other:	

Examiners	Initials	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2021 JAN 11 PM 4: 26 SECRETAIN IN STATE TALLAmobSiE FL

J.J.D. Enterprises L.L.C.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
101SE 3RDAUC #607	SAMC
DANIA BUCK, EL	
33004	

ARTICLE HI - 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:

Name

101 SE 300 TO THAT

Florida street address (P.O. Box NOT acceptable)

DAVINA BLACK FI 330004

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.

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Sherry Steakn 101 SE 3rd Ave. # 607 Dania Beach, FL 33004
MGIR	Joseph Daher TI S 101 SE 3th Ave. # 607 ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
	:
(Use attachment if necessary)	무심
ite of filing.)	d cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be liste s records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	<u></u>
	r an authorized representative of a member.
I am aware that any false informa	cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
constitutes a time degree felony a	SCPh DAHER
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)