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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: SAMIJOCOOPER@GMAIL.COM

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DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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CORPORATIONS  
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FLORIDA LIMITED LIABILITY CO.  
SJC Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

S. CHATHAM  
MAY 13 2022

H22000171128

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SJC Group LLC**

(Must end with 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:**

**Mailing Address:**

145 Jefferson Avenue Apt 422  
Miami Beach, FL 33139

145 Jefferson Avenue Apt 422  
Miami Beach, FL 33139

**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:

Samantha Cooper

Name

145 Jefferson Avenue Apt 422

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

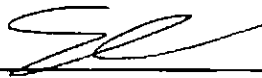
Miami Beach

FL 33139

City

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)

Samantha Cooper

(CONTINUED)

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22 MAY 12 AM 3:45  
SECRETARY OF STATE  
PROVISION

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**MGR**

**Name and Address:**

Samantha Cooper

145 Jefferson Avenue Apt 422

Miami Beach, FL 33139

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

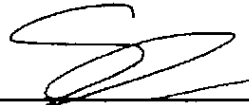
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**Signature of a member or an 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.)

Samantha Cooper

\_\_\_\_\_  
Typed or printed name of signee

22 MAY 12 AM 3:45  
REGISTRATION  
DIVISION  
STATE

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