

L22000222865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

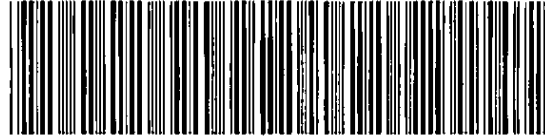
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22-61827

Office Use Only



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05/12/22--01010--007 \*\*125.00

2022 MAY 23 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2022 MAY 12 AM 11:52  
RECEIVED  
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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 5/12 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING**

LLC

**1. R.E. CONSTRUCTION LLC**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**2.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Jub. lcc Construction LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emmanuel Rippes  
Name of Person

Jub. lcc Construction  
Firm/Company

7900 Harbor Island Dr Apt 1101  
Address

North Bay Village, FL, 33141  
City/State and Zip Code

e.ripp001@Fiv.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmanuel Rippes at 786 ) 873-0589  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2022 MAY 23 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 14, 2022

CORPORATE ACCESS

SUBJECT: R.E. CONSTRUCTION LLC  
Ref. Number: W22000061827

*Corrected*

We have received your document for R.E. CONSTRUCTION LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000298350.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist III

Letter Number: 222A00011061

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 MAY 23 PM 4:24

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

7400 Harbor Island Dr, Apt 1101  
33141, North Bay Village, FL

Mailing Address:

7400 Harbor Island Dr Apt  
1101, North Bay Village, FL  
33141

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:

Emmanuel Ripps  
Name

7400 Harbor Island Dr, Apt 1101  
Florida street address (P.O. Box **NOT** acceptable)

North Bay Village FL      33141  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

AMBR

**Name and Address:**

Emmanuel Rippe  
7906 Huber Island Dr Apt 1101  
North Bay Village, FL, 33141

Bertha Alvarez  
7906 Huber Island Dr Apt 1101  
North Bay Village, FL, 33141

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY 23 PM 4: 24

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/20/22 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Emmanuel Rippe

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida 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.

Emmanuel Rippe  
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)