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Florida Department of
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.
INVERSIONES JMD LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2022

EXPERTAX

SUBJECT: HANDMADE DESIGN LLC
REF: W22000068701

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must list the first and last name for all signatures..

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.

Tammie Cline FAX Aud. #: 822000184091
Regulatory Specialist II Supervisor Letter Number: 822A00011845

CABLE AND/OR VIDEO
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INVERSIONES JMD LLC
Name of Limited Liability Company

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 25 AM 3:19

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

Please return all correspondence concerning this matter to the following:

JOHN MIKE MOSQUERA DEDERLE

Name of Person

Firm Company

2560 BROWN NODDY LANE

Address

TAMPA, FL 33619

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN M. MOSQUERA DEDERLE	408	709-0003
at ()		
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$150.00 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES JMD LLC

(Must contain 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:

2560 BROWN NODDY LANE
TAMPA, FL 33619

2560 BROWN NODDY LANE
TAMPA, FL 33619

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:

JOHN MIKE MOSQUERA DEDERLE
Name

2560 BROWN NODDY LANE
Florida street address (P.O. Box NOT acceptable)

TAMPA FLORIDA 33619
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.

JM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

<u>MBR</u>	<u>JOHN MIKE MOSQUERA DEDERLE</u>
	<u>2560 BROWN NODDY LANE</u>
	<u>TAMPA, FL 33619</u>

(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.)

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:

JM

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.

JOHN MIKE MOSQUERA DEDERLE

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)

CHARGE AND/OR VIDEO
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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