

7/11/24, 8:23 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and attach it as a cover sheet. The fax number shown on the top and bottom of all pages of this document.

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FC
7-12-24

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To:

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

From:

Account Name : ALAN J. MARCUS, ATTORNEY AT LAW
Account Number : 120190000099
Phone : (305)937-1800
Fax Number : (305)937-1857

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

Email Address: JEM63Q@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

JEM 63Q, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COMMERCIAL SERVICES

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JEM 63Q, 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:

ALAN J. MARCUS

Name of Person

ALAN J. MARCUS, Attorney at Law

Firm/Company

20803 Biscayne Boulevard, Suite 301

Address

Aventura, FL 33180

City/State and Zip Code

jem63q@gmail.com

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

For further information concerning this matter, please call:

Alan J. Marcus 305 937 1800
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$120.00 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

SECTION 77.02, STATE
OF FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEM 63Q, 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:

175 SW 7 Street

Suite 1914

Miami, FL 33130

Mailing Address:

175 SW 7 Street

Suite 1914

Miami, FL 33130

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:

Alan J. Marcus

Name

20803 Biscayne Boulevard, Suite 301

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

Aventura

FL

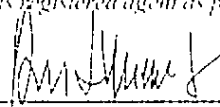
33180

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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

MGR

Felipe Andre Pineda Borde

175 SW 7 Street, Suite 1914

Miami, FL 33130

MGR

Carlos Lucien Pineda Borde

175 SW 7 Street, Suite 1914

Miami, FL 33130

(Use attachment if necessary)

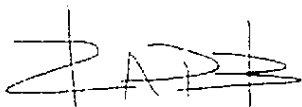
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Felipe Andre Pineda Borde

Typed or printed name of signee

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL
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Filing Fees:

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