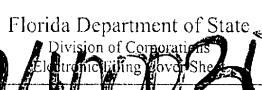
7/11/24, 1:34 PM

Division of Corporations



Note: The fax addit number oftom of all pages of the document.

(H24000235931 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

\*\*Enter the email address for this business entity to be used for fuller annual report mailings. Enter only one email address please. \*\* no

Email Address:

# FLORIDA LIMITED LIABILITY CO. JA DELIVERY EXPRESS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu — Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

## J A DELIVERY EXPRESSILLO

(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:
6045 NW 87 AVE	6045 NW 87 AVE
MIAME, FL 33178	MIAMI, FL 33178

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:

JORGE ALFREDO	MOREJON GUEVA	ARA
	Name	
6045 NW 87 AVE		
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FI.	3378
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 (RECUIRED)

(CONTINUED)

SECRETARY OF MALE DIVISION TO DIM OF THE

€R'I	$^{\circ}$ C	LE.	1 V

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	JORGE ESTEBAN MORIJON LOPEZ 6045 NW 87 AVE MIAMI, FL 33178
AMUR	JORGE ALEREDO MOREJON GUEVARA 6045 NW 87 AVE MJAMI. FL 33178
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	late of filing:
	100
REOURED SIGNATURE:	
This document is ext I am aware that ship ji	member or an authorized representative of a member, souled in accordance with section 605,0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817,155, F.S.

JORGE ALFREDO MOREJON GUEVARA
Typed or printed name of signee

Filing Pees: