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(Requestor's Name)				
(Address)				
(Address)				
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COVER LETTER

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TO:	New Filing Sec Division of Cor				
SUBJE		S JCG LLC Name of	Limited Liabil	lity Company	
The enc	closed Articles of	Organization and feets) are submitted	t for filing	
Please (return all correspo	ondence concerning this	matter to the	fallowing:	
	RUDEN D (GRATERON			
	•		Name of	Person	
	(Grateval	, Rub	e~	
			Firm/Co	onipany	
	16900 N BA	Y RD APT # 2412			
			Addi	C88	
	SUNNY ISL	ES BEACH FL 33160			
	RGRATERO	N2108@GMAIL.COM	City State ar	id Zip Code	
	·	E-mail address, (to be u	sed for future a	annual report notificat	ion)
For furth	er information co	ncerning this matter, pl	ease call:		
RUBEN D GRATERON		786	919-9562 1		
Name of Person			Daytime Telephor	ione Number	
Enclose	ed is a check for t	he following amount:			
□\$125.00 Filing Fee ■\$130.00		■\$130.00 Filing Fee Certificate of Status			□\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address			Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DETAILES JCG LLC (Must contain the words "Limited	Liability Company, "E.L.C.," or "LLC")
RTICLE II - Address:	
ne mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16900 N BAY RD APT # 2412	16900 N BAY RD APT # 2412
16900 N BAY RD APT # 2412 SUNNY ISLES BEACH	16900 N BAY RD APT # 2412 SUNNY ISLES BEACH

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 (REOUIRED)

GrATAVON RIGER

(CONTINUED)

ARTICLE IV-

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

Title:	Same and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	RUBEN D GRATERON 16900 N BAY RD APT # 2412 SUNNY ISLES BEACH, FL 33160
If an effective date is listed, the date mu:	the date of filing: <u>07/10/2024</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after
he date of filing.) Note: If the date inserted in this block do he document's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be listed a utment of State's records.
RTICLE VI: Other provisions, if any.	
NEAD THE STATE OF	
REQUIRED SIGNATURE:	SVATERON Ruber.
This document is I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
RUBEN I	OGRATERON
	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)