

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (407) 617-0381

From: Account Name : J316 SERVICES LLC
Account Number : 100250000189
Phone : (213) 703-8468
Fax Number : (626) 493-5310

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
JERP GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

T.J.H.
8/15/24

Electronic Filing Menu

Corporate Filing Menu

Help

Article I

The name of the Limited Liability Company is:

JERP GROUP LLC

Article II

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

2295 S. HIAWASSEE ROAD STE 104
ORLANDO, FL 32835

The mailing address of the Limited Liability Company is:

2295 S. HIAWASSEE ROAD STE 104
ORLANDO, FL 32835

Article III

ANY AND ALL LAWFUL BUSINESS AND ACTIVITIES NOT FORBIDDEN BY FLORIDA LAWS OR ANY OTHER LAW, OR BY THESE ARTICLES OF INCORPORATION, TO CARRY OUT SAID PURPOSES IN FLORIDA AND ANY STATE OR TERRITORIES OF THE UNITED STATES.

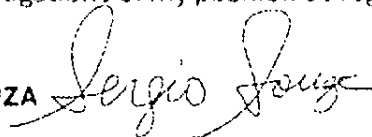
Article IV

The name and Florida street address of the registered agent is:

J316 SERVICES LLC
2295 S. HIAWASSEE ROAD STE 104
ORLANDO, FL 32835

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.

Registered Agent Signature: **SERGIO DA SILVA E SOUZA**



FILED
JUL 14 2024
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

Article V

The name and address of person(s) authorized to Manage the LLC:

Title: AMBR

JOAO ALFREDO SOUZA MACEDO

Rua Jornalista Feltman Gondim, 44
Boa Vista – RR – Brazil 69312-547

Title AMBR:

RAFAEL KONZEN

Alameda 06, 397
Boa Vista – RR – Brazil 69311-172

Title AMBR:

EDSON JEAN CARLI ARAUJO

Rua Victor Hugo, 1468 – Aparecida
Boa Vista - RR – Brazil 69306-393

Article VI

The effective date for this Limited Liability Company shall be:

08/13/2024

Signature of member or an authorized representative

Electronic Signature: **SERGIO DA SILVA E SOUZA**



I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
STATE OF ALABAMA
AUG 14 2024

(((H240002/2601 3)))

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 60 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of a general partner or all general partners^a:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

SHAWZON VILLAGE, LLC
 Name: Daffyn Smith
 Title: Manager

Signature(s) of all new or dissociating general partner(s), if any:

ADONIS SECOND HANDS, INC.
 Name: Katherine Sims
 Title: President/CEO

SHAWZON VILLAGE, INC.
 Name: Karen Jackson Jones
 Title: President/CEO

Filing Fee: \$52.50
 Certified Copy (optional): \$52.50
 Certificate of Status (optional): \$8.75

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