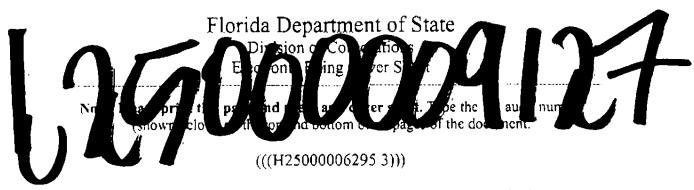
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Ta:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : USA INTERNATIONAL SERVICE

Account Number : I20240000151 : (305)262-8255 Fax Number : (305)262-8233

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

Email /	address:			
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FLORIDA LIMITED LIABILITY CO. JC MULTISERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	JC MULTISE	RVICES OF FL	LLC
(Must contain	the words "Limited Lis	ability Company,	"L.L.C" or "LLC.")
RTICLE II - Address: e mailing address and street addr	ss of the principal offi	ce of the Limited	Liability Company is:
Principal C	Office Address:		Mailing Address:
111 NW 183rd Street Su	ite 317	1113	NW 183rd Street Suite 317
Miami Gardens-FL 3316 RTICLE III - Registered Agent, the Limited Liability Company car other business entity with an activities.	Registered Office, & not serve as its own R	Miar Registered Agent	ni Gardens-FL 33169 t's Signature:
Miami Gardens-FL 3316 RTICLE III - Registered Agent, the Limited Liability Company car	Registered Office, & not serve as its own Rove Florida registration.)	Registered Agen egistered Agent. Y gent are:	ni Gardens-FL 33169 t's Signature:
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Miami Gardens-FL 3316 RTICLE III - Registered Agent, the Limited Liability Company car other business entity with an active name and the Florida street add	Registered Office, & not serve as its own Rive Florida registration.) ress of the registered at Jesus Cal	Registered Agen egistered Agent. Y gent are: Ivo Machado Name Street Suite 317	ni Gardens-FL 33169 t's Signature: 'ou must designate an individu
Miami Gardens-FL 3316 RTICLE III - Registered Agent, the Limited Liability Company car other business entity with an active name and the Florida street add	Registered Office, & not serve as its own Rive Florida registration.) ress of the registered at Jesus Call.	Registered Agen egistered Agent. Y gent are: Ivo Machado Name Street Suite 317	ni Gardens-FL 33169 t's Signature: 'ou must designate an individu

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)

H250000062953

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	
AMBR	Jesus Calvo Machado
	111 NW 183rd Street Suite 317 Miami Gardens-FL 33169
(Use attachment if necessary)	the date of filing: 01/06/2025 (OPTION:AL)
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block defined in the date inserted in the date inserted in the block defined in the date inserted in the date in the date inserted in the date in the d	the date of filing: 01/06/2025 (OPTIONAL) 1st be specific and cannot be more than five business days prior to or 90 day 100000000000000000000000000000000000
CLEV: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block decument's effective date on the Dep	ist be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be l
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CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block decument's effective date on the Deportal CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	to a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (h). Florida Statutes, any false information submitted in a document to the Department of State
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block decument's effective date on the Dep CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that	to a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes.

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)