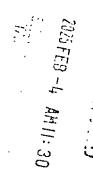
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

(850) 524-6243	
Please use funds from the account Authorization Signature	
JSS JUPITER LLC Business	#Document
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<u>NEW FILINGS</u>	AMENDMENTS 99
Profit Not for ProfitXLLC Domestication INC CORP OTHER	Amendment  Resignation of R.A.  Change of Registered Agent  Revocation of Dissolution  Conversion  Statement of Authority  Merger  Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement
Statement of Authority	Statement of CORRECTIONDomestication of a Foreign Corp.
APOSTILCOUNTRY	Other
EVAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

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Profit Not for ProfitXLLC Domestication INC CORP OTHER	AmendmentResignation of R.AChange of Registered AgentRevocation of DissolutionConversionStatement of AuthorityMergerRestated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement Statement of CORRECTION
Statement of Authority	Domestication of a Foreign Corp.
APOSTIL	
COUNTRY	Other
EXAMINER'S INITIALS:	

## **COVER LETTER**

то:	New Filing Section Division of Corporations					
OHD IT	JSS JUPITER LLC					
SUBJE		Limited Liabilit	y Company		_	
The enc	losed Articles of Organization and fee(s	) are submitted f	or filing.			
	eturn all correspondence concerning this		<del>-</del>			
	,					
	ANDRE KATTOURA					2025
		Name of F	erson			
	ACCOUNTANTSNOW.COM				:	-i,
		Firm/Con	рапу		<del></del>	<u>[::]</u>
	4100 N POWERLINE RD STE B2				; ;	2025 FEB -1;  C.1 9: 4:
		Addres	is		<u>i</u>	
	POMPANO BEACH, FL 33073					
		City/State and	Zip Code			
	andre@accountantsnow.com					
	E-mail address: (to be u	sed for future an	nuai report notificati	on)		
For furthe	er information concerning this matter, pl	ease call:				
	andre kattoura	561	305-4000			
	Name of Person	Area Code	Daytime Telephone	e Number	-	
Enclosed	d is a check for the following amount:					
<b>■</b> \$125.	.00 Filing Fee	Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Certificat Certified (additional o	e of Stat Copy	us &
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327	N 1	treet Address lew Filing Section Di he Centre of Tallaha 415 N. Monroe Stree	ssee		

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

JSS JUPITER L		<del></del>			
(Mus	t contain the words "Limited Li	iability Company.	"L.L.C.," or "LLC.")		
RTICLE II - Address:					
ne mailing address and st	reet address of the principal off	ice of the Limited	Liability Company is:		
<u>P</u> 1	rincipal Office Address:		Mailing Address:		
1850 S OCEAN DRIVE UNIT 4207		1850	1850 S OCEAN DRIVE UNIT 4207		
HALLANDALE	EBEACH, FL 33009	HAI	LANDALE BEACH, FL 33009	21	
				~	
e Limited Liability Cor ther business entity wi	th an active Florida registration	Registered Agent. '	it's Signature: You must designate an individua		
The Limited Liability Cornother business entity wi	npany cannot serve as its own R th an active Florida registration street address of the registered a	Registered Agent. '		alor <u>!</u>	
The Limited Liability Cornother business entity wi	npany cannot serve as its own R th an active Florida registration street address of the registered a	Registered Agent. '		alor <u>!</u>	
The Limited Liability Cornother business entity wi	npany cannot serve as its own R th an active Florida registration street address of the registered a	Registered Agent. Vol.)  agent are:  Name		alor <u>!</u>	
The Limited Liability Cornother business entity wi	npany cannot serve as its own R th an active Florida registration street address of the registered a ANDRE KATTOURA	Registered Agent. \( \) agent are: Name  D STE B2	ou must designate an individua		
The Limited Liability Cornother business entity wi	npany cannot serve as its own R th an active Florida registration street address of the registered a ANDRE KATTOURA  4100 N POWERLINE R	Registered Agent. \( \) agent are: Name  D STE B2	ou must designate an individua	alor <u>!</u>	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

# 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	100 C (2015) N 100 U/C (100 C 100 C
KRISTINA CVTKOVSKI MGR	1850 S OCEAN DRIVE UNIT 4207 HALLANDALE BEACH, FL 33009
	2025 FE
	25
	लं जी
	in the second of
. <u></u>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be sine date of filing.)	te of filing: 02:03/2025 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after timeet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
	<u> </u>
REQUIRED SIGNATURE:	
KRISTINA CVTKOVSKI	
Signature of a r This document is exec I am aware that any fal	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
KRISTINA CVIKO	NSKI

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)