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Florida Department of State  
Division of Corporations  
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MJH

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 777-2094

RECEIVED  
04 DEC 16 PM 2:13  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Jacobs Real Estate - Miami #2, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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30.00  
\$155.00

Electronic Filing Manual

Corporate Filing

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jacobs Real Estate - Miami #2, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Taylor Rodriguez  
(Name of Person)

Triad Professional Services, LLC  
(Firm/Company)

4080 McGinnis Ferry Road, Suite 1304  
(Address)

Alpharetta, GA 30005  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Rodriguez at ( 770 ) 777-2091  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jacobs Real Estate - Miami #2, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1611 West Avenue, #12-A

Miami Beach, FL 33139

**Mailing Address:**

1611 West Avenue, #12-A

Miami Beach, FL 33139

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FLORIDA 32301

City, State, and 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 608, Florida Statutes..*

NRAI Services, Inc

By: *Shawn A. Cox*

Registered Agent's Signature

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(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR M

Colin Jacobs  
P.O. Box 2212  
FL Lauderdale, FL 33303

MGR  
~~MGRM~~ *cy*

EDWARD JACOBS  
1233 WEST AVE #15  
MIAMI BEACH, FL 33139

\_\_\_\_\_  
\_\_\_\_\_

~~MGR~~ *cy*  
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
COLIN JACOBS  
Typed or printed name of signer

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)