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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· •
Certified Copies	_ Certificates	of Status
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	BJECT: JAV Real Estate, LLC Name of Limited Liability Co	onipany
The er	enclosed Articles of Organization and fee(s) are submitted for f	iling.
Please	ase return all correspondence concerning this matter to the follow	ving:
	Philip A. Wagi Name of Perso	
	Barrett & McNagn Firm/Compan	
	215 East Berry S Address	Street
	Fort Wayne, IN 4 City/State and Zip	
	E-mail address: (to be used for future annua	
For fu	further information concerning this matter, please call:	
Philip	lip A. Wagler at (260) 42: Name of Person Area Code	3-9551 Daytime Telephone Number
	losed is a check for the following amount: 5.00 Filing Fee \$\Bigcup \\$130.00 \text{Filing Fee & Certificate of Status}\$ Certificate of Status	py Certificate of Status &
	Registration SectionRegisDivision of CorporationsDivisP.O. Box 6327CliftorTallahassee, FL 323142661	tt/Courier Address stration Section ion of Corporations on Building Executive Center Circle hassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
JAV Real Estate, LLC (Must end with the words "Lim	ited Liability Co	mpany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	al office of the L	imited Liability C	ompany is:
Principal Office Address:	Mailing /	Address:	
2030 Forest Glade Fort Wayne, IN 46845		rest Glade yne, IN 46845	
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered A		
The name and the Florida street address of the register	ered agent are:		
	Service Compa ame	ny	
Florida street address (P.O.	Hays St Box <u>NOT</u> accept	table)	
<u>Tallahassee</u> City	FL	32301 Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Company of the Comp	ccept the appointnons of all statutes	nent as registered relating to the pro	agent and agree to act in this oper and complete performance
Registered Agent's Si	gnature (REQUII		rie Gagliardino t Vice President
Page 1	of2		

l'itle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Jennifer A, Vogt
	2030 Forest Glade
	Fort Wayne, IN 46845
	HEADER IN THE RESERVE OF THE RESERVE
Use attachment if necessary) V: Effective date, if other than the d	ate of filing: (OPTIONAL)
V: Effective date, if other than the d	specific and cannot be more than five business days prior to
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to
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V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	member of an authorized representative of a member.
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section)	member of an authorized representative of a member.
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation un	member of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
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