

**L18000259944**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H18000320335 3)))



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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : ROBERT LEE SHAPIRO, P.A.  
Account Number : I199900C0101  
Phone : (561) 691-0059  
Fax Number : (561) 691-0066

2018 NOV -7 PM 1:06

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

Email Address:           jgifford@thevickargroup.com          

2018 NOV -7 PM 1:06

**FLORIDA LIMITED LIABILITY CO.  
JKM REALTY, LLC**

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

N. SAMS  
NOV 08 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JKM REALTY, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2401 PGA Boulevard  
Suite 280-B  
Palm Beach Gardens, FL 33410

112 S. Tryon Street  
Suite 200  
Charlotte, NC 28284

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

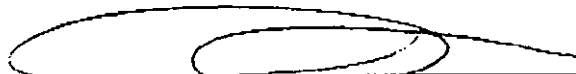
Robert Lee Shapiro, P.A.  
Name

2401 PGA Boulevard, Suite 280-B  
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens      Florida      33410  
City                          State                          Zip

2007-7 11:05

*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)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Jeff Gifford

112 S. Tryon Street, Suite 200

Charlotte, NC 28284

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

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

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

\_\_\_\_\_  
Typed or printed name of signee Robert Lee Shapiro,  
Authorized Representative.

**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)

90-1-13-1-1-05

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