

3/21/2019

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
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STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

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**FLORIDA LIMITED LIABILITY CO.
 JO TPA Office 270, LLC**

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Certified Copy	1
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Estimated Charge	\$155.00

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MAR 22 2019

C. Kincaid

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JO TPA Office 270, 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:

14747 N. NORTHSIGHT BLVD
SUITE 111-431
SCOTTSDALE, AZ 85260

14747 N. NORTHSIGHT BLVD
SUITE 111-431
SCOTTSDALE, AZ 85260

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:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation, Florida 33324
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ILCD

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.

C T Corporation System
By: [Signature] Mike Jones, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

