

06/25/2018 10:25 SGF&A LAW OFFICE

P.001/003

Division of Corporations

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

From: Account Name : STOLZENBERG, GELLES & FLYNN, LLP  
Account Number : I20100000018  
Phone : (305) 961-1450  
Fax Number : (305) 423-3979

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

Email Address: CZickler@sgfcounsel.com

FLORIDA LIMITED LIABILITY CO.  
CZJP Properties, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is:

**CZJP PROPERTIES, LLC**

**ARTICLE II  
ADDRESS**

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

Mailing Address:  
490 SABAL WAY  
WESTON, FL 33326

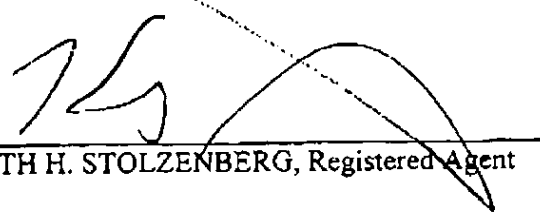
Principal Office Address:  
490 SABAL WAY  
WESTON, FL 33326

**ARTICLE III  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and street address of the registered agent is:

**STOLZENBERG GELLES FLYNN & ARANGO, LLP**  
Keith H. Stolzenberg, Esq.  
1401 Brickell Avenue  
Suite 825  
Miami, Florida 33131

*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.*

  
\_\_\_\_\_  
KEITH H. STOLZENBERG, Registered Agent

(CONTINUED)

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**ARTICLE IV  
MANAGEMENT**

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

**MGR:**  
*Manager*

**CHERYL ZICKLER**  
490 SABAL WAY  
WESTON, FL 33326



**KEITH H. STOLZENBERG, ESQ.,** *Authorized Representative*

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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