9/26/2019

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000288587 3)))



H190002885873ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA888900023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

Email Address:		
----------------	--	--

FLORIDA LIMITED LIABILITY CO.

JI Imeson Industrial Building E Holding Company, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

- 1:00 610Z

PLEASE HONOR ORIGINAL SUBMISSION DATE OF 9/26/19

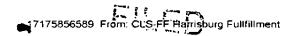
Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGATE

2019-10-01 18:27:55 EDT



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE FALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ji imeson Industrial Building E Holding Company, 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:

ORTHSIGHT BLVD, SUFFE IT (+33)
ALE, 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 Pinc Isla	ind Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	ceptable)
Plantation,	Florida	33324
City	State	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 amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

CT Corporation System

Mike Jones, Assistant Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

		_	
•	RT'		IV.

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

<u>Title:</u>		Name and Address:	
"AMBR" = Autl	horized Memher		
"MGR" = Mana	ger		
MGR		David M. Harrison	
		14747 N. NORTHSIGHT BLVD, SUITE 111-431	
		SCOTTSDALE, AZ 85260	
MGR		Michael Pacheco	
14011	 	14747 N. NORTHSIGHT BLVD SUITE 111-431	
		SCOTTSDALE, AZ 85260	
		4 : 40 :	
MGR		Javier Aldrete 14747 N, NORTHSIGHT BLVD, SUITE 111-431	
		SCOTTSDALE, AZ 85260	
		3COT13DALE, 72 63260	
			
(Use attachment	t if necessary)		
ARTICLE V. Effective d	late if other than the date of filing	g:(OPTIONAL)	
		nd cannot be mure than five business days prior to or 90) days after
the date of filing.)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	d in this block does not meet the	applicable statutory filing requirements, this date will no	t be listed as
	date on the Department of State		
A DOTACLE SELECTION	- 1-1 16		
ARTICLE VI: Other prov	visions, it any.		
REOUTRED SI	IGNATURE		
		λ_{n}	
) * V	
		er an authorized representative of a member.	
		ecordance with section 605,0203 (1) (b), Florida Statutes, lation submitted in a document to the Department of State	100 c
		ras phovided for in \$.817.155, F.S.	्राच्छे हैं
	constitutes a mind reflect semily	es bioxided in maintenas, the) 1:- سر

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE