

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FRANK H. FEE, III, ESQUIRE

Account Number : I19990000154 Phone : (772)461-5020 Fax Number : (772)468-8461 RECEIVED
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LIMITED LIABILITY COMPANY

J. BAR R. RANCH, LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPASSY ARTICLE I - Name: The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
105 NE Charleston Oaks Drive	105 NE Charleston Oaks Drive
Port St. Lucie, FL 34983	Port St. Lucie, FL 34983

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

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

FRANK H. FEE, III	I, ESQUIRE
	Name
401 South Indian F	River Drive
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Fort Pierce	_{FL} 34950
City,	State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited ltability 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	J. HAL ROBERTS	13 EM
	105 NE Charleston Oaks Drive Port St, Lucie, FL 34983	
		02/1/20
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANK H. FEE, III, ESQUIRE, as Attorney and Agent
Typed or printed name of signee

Filing Rees

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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