

# L08000052472

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To: Division of Corporations  
Fax Number : (850) 617-6383

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Account Number : 076117000420  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

JPMC Harbor Harvester LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**JPMC Harbor Harvester LLC**

(Must end with 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:**

1000 Fifth Avenue  
Huntington, WV 25701

P.O. Box 178  
Huntington, WV 25708

**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 separate business entity with an active Florida registration.)

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

GY Corporate Services, Inc.  
Name

777 S. Flagler Dr, 500 East  
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33401  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 (REQUIRED) *V.A.*

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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:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

JP Morgan Chase bank, N.A., trustee of the  
Katherine Hall Gates Non-QTIP Marital Trust  
P.O. Box 179, Huntington, WV 26706

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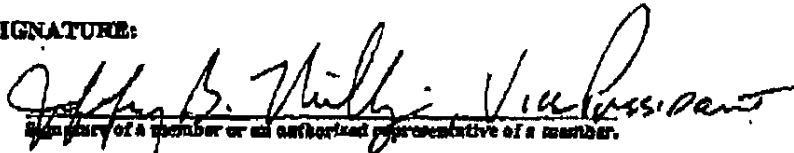
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(Use attachment if necessary)

**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.)

**REQUIRED SIGNATURE:**

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

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

Jeffrey Milligan on behalf of JP Morgan Chase Bank, N.A., trustee of the Katherine Hall Gates Non-QTIP Marital Trust

**Elian Escal**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificates of Status (Optional)