

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: **Carrie Ramos, Paralegal, please fax confirmation to (407) 244-5690**
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: _____

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FLORIDA LIMITED LIABILITY CO.
JAK Property Investment, LLC

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

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11 AUG 31 AM 8:45
TALLAHASSEE, FLORIDA

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EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

JAK Property Investment, LLC

ARTICLE II
Address

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

800 Belle Terre Parkway
Suite 200, PMB 147
Palm Coast, Florida 32164

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Manager

The name and address of the initial Manager of this Limited Liability Company is as follows:

Name

Jon D. Tannler

Street Address

800 Belle Terre Parkway
Suite 200, PMB 147
Palm Coast, Florida 32164

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ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Paul S. Quinn, Jr.
GrayRobinson, P.A.
301 E. Pine Street, Suite 1400
Orlando, Florida 32801

Having been named as registered agent to accept service of process for the above referenced 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 608, Florida Statutes.



REGISTERED AGENT'S SIGNATURE

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. 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 section 817.155, Florida Statutes.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Jon D. Tannier

Type or printed name of signee

FILING FEES:

\$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)