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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

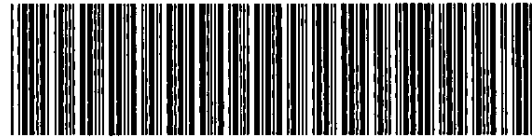
(Business Entity Name)

(Document Number)

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MAY 07 2013  
D. BUTLER

**GLICKMAN, WITTERS AND MARELL, P.A.**  
ATTORNEYS AT LAW  
THE CENTURION  
SUITE 1101  
1601 FORUM PLACE  
WEST PALM BEACH, FL 33401

GARRY M. GLICKMAN  
CURTIS L. WITTERS  
BOARD CERTIFIED IN MARITAL AND FAMILY LAW  
WILLIAM J. MARELL  
ELIZABETH A. MONTGOMERY  
CINDY A. CRAWFORD  
JOSEPH R. LOWICKY

TELEPHONE  
(561) 478-1111

TELECOPIER  
(561) 478-2433

May 3, 2013

Via Federal Express

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Reference: **JAP Properties, LLC**

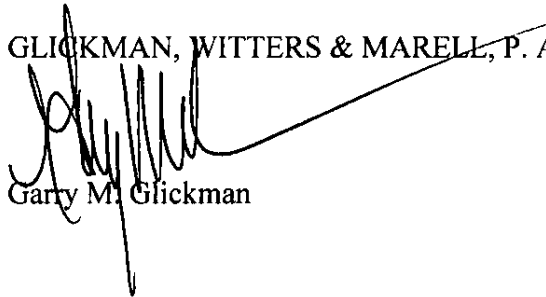
Gentlemen:

We are enclosing one original and a duplicate copy of the Articles of Organization for the above referenced proposed company together with a Designation of Registered Agent and Acceptance of Designation. The duplicate copy of the Articles have been subscribed and acknowledged by the subscriber in the same manner as the original.

Please endorse your approval of the Articles of Organization on the duplicate copy, certify and return it to us. Enclosed is our check in the amount of \$125.00 for the filing of these documents

Sincerely,

GLICKMAN, WITTERS & MARELL, P. A.



Garry M. Glickman

GMG:sn

Enclosures (as noted above)

FILED  
13 MAY -6 PM 3:08  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**JAP PROPERTIES, LLC**

The undersigned organizer hereby forms a limited liability company under the laws of the  
State of Florida:

**ARTICLE I**

**COMPANY NAME**

The name of this company is:

**JAP PROPERTIES, LLC**

**ARTICLE II**

**COMMENCEMENT AND TERM OF EXISTENCE**

The terms of existence of the Company shall commence upon the date of signing hereof,  
provided that same shall be filed with the Florida Secretary of State within the time authorized by  
Statute.

**ARTICLE III**

**MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY**

The mailing address and the street address of the principal office of the limited liability  
company is 631 U.S. Highway One, Suite 220, North Palm Beach, Florida 33408.

**ARTICLE IV**

**REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS**

The Registered Agent and the street address of the Registered Agent of this Company in the  
State of Florida shall be:

Garry M. Glickman  
1601 Forum Place, Suite 1101  
West Palm Beach, Florida 33401

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13 MAY - 6 PM 3:08  
SECRETARY OF STATE  
FLORIDA

## ARTICLE V

### DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company.

## ARTICLE VI

### MANAGEMENT OF THE COMPANY

The initial Manager of the Company shall be Amanda Paisley. The Manager, Amanda Paisley shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf.

Notwithstanding the foregoing, the Manager shall have the absolute authority to subcontract any management functions of the Company in her sole and absolute discretion.

## ARTICLE VII

### RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §608.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Regulations and Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignee of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

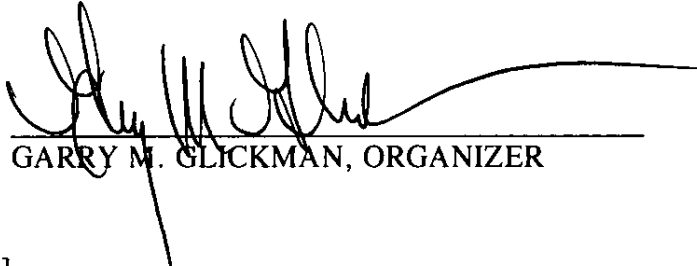
i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and

ii) as provided in the Operating Agreement, and

iii) in compliance with any procedure provided for in the Operating Agreement.

c) No interest of any member shall be subject to forced assignment by any court of law.

IN WITNESS WHEREOF, the undersigned Organizer has executed the Articles of Organization, this 3 day of May, 2013.

  
GARRY M. GLICKMAN, ORGANIZER

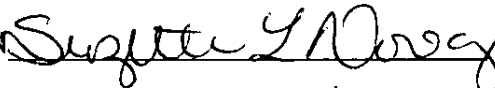
STATE OF FLORIDA ]

] ss:

COUNTY OF PALM BEACH ]

The foregoing instrument was acknowledged before me this 3 of May, 2013, by GARRY M. GLICKMAN, Organizer of the afore-described Articles of Organization, who is personally known to me and did not take an oath.

NOTARY PUBLIC:

SIGN 

PRINT Suzette L. Novay

STATE OF FLORIDA AT LARGE (SEAL)

MY COMMISSION EXPIRES:

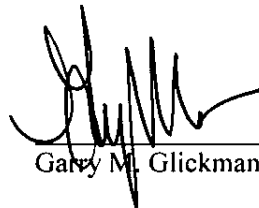


**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

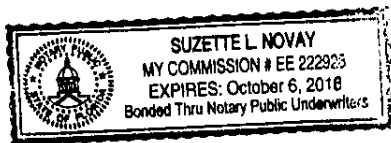
JAP Properties, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, Florida 33401 as its agent to accept Service of Process within this State.


**ACKNOWLEDGMENT**

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.

  
Garry M. Glickman

SWORN TO AND SUBSCRIBED before me this 3 day of May, 2013.



  
NOTARY PUBLIC - STATE OF FLORIDA  
Name: Suzette L. Novay  
(Type, stamp or print)

Personally known or produced identification . If produced identification, type or identification produced: \_\_\_\_\_