

L13000124220

Florida Department of State
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.

(((H13000195014 3)))



H130001950143ABCV

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) 617-6383

From:

Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.A.
Account Number : I20000000104
Phone : (941) 366-3700
Fax Number : (941) 366-0189

****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.

Jennette Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

13 SEP -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP -3 AM 7:08

FILED

((H13000195014 3)))

**CONSENT TO USE OF CORPORATE NAME
OF
JENNETTE PROPERTIES, INC.**

Pursuant to the provisions of the Florida Limited Liability Companies Act, Richard Jennette, owner of the above referenced corporate name, hereby consents to the use by JENNETTE PROPERTIES, LLC, the using limited liability company, of the consenting owner's corporate name. Accordingly, the using corporation may use, or change its corporate name to, the consenting owner's name or a name deceptively similar.

IN WITNESS WHEREOF, the undersigned executed this instrument this 29 day of August, 2013.

WITNESS:

[Signature]

[Signature] (Print Name)
[Signature]

[Signature] (Print Name)

CONSENTING OWNER:

JENNETTE PROPERTIES, INC.
A Florida corporation

By: [Signature]
Richard Jennette
As its President

FILED
13 SEP -3 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H13000195014 3)))

((H13000195014 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JENNETTE PROPERTIES, 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:

135 NORTH PINEAPPLE AVENUE
SARASOTA, FLORIDA 34236

Mailing Address:

135 NORTH PINEAPPLE AVENUE
SARASOTA, FLORIDA 34236

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:

RICHARD JENNETTE

Name

135 NORTH PINEAPPLE AVENUE

Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34236

City, State, and 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 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)

(CONTINUED)

Page 1 of 2

FILED
13 SEP -3 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H13000195014 3)))

((H13000195014 3)))

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

RICHARD JENNETTE

135 NORTH PINEAPPLE AVENUE
SARASOTA, FL 34236

MGRM

KEYLA ALBA SMOTRYSKI

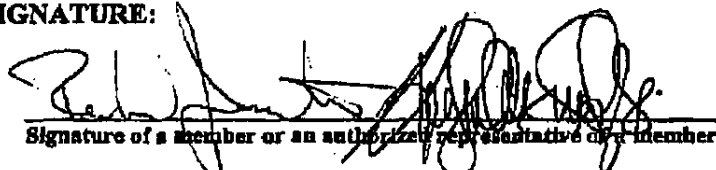
135 NORTH PINEAPPLE AVENUE
SARASOTA, FL 34236

(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 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 s.817.155, F.S.)

RICHARD JENNETTE

Typed or printed name of signee

KEYLA ALBA SMOTRYSKI

Filing Fees:

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

((H13000195014 3)))

FILED
 13 SEP -3 AM 7:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA