Division of Congression (1985) Page 1991

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:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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

Email Address:

FLORIDA LIMITED LIABILITY CO. JSKI, LLC

RECEIVED 4 JAN 16 PM 2: 44 SECRETARY OF STATE

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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K.SALY EXAMINER JAN 17 2014

-37-1	
	COVER LETTER
** 1	TO: Registration Section Division of Corporations
,	SUBJECT: JSKI, LLC
	Name of Limited Liability Company
	The enclosed Articles of Organization and fee(s) are submitted for filling.
	Please return all correspondence concorning this matter to the following:
	Frank G. Dunten
	Name of Person
	Dickinson Wright PLLC
	Pirm/Company
ÿ++1	200 Ottawa Avenue, N.W., Suite 1000
	Address
	Grand Rapids, Michigan 49503
v	City/State and Zip Code
	fdunten@dickinsonwright.com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Prank G. Dunten at (616) 458-1300 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
1	\$125.00 Filing Fee \$\ \times \text{S130.00 Piling Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Piling Fee, Certified Copy (additional copy is enclosed)}
l 5,	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallghessee, FL 32314 Signet County Address Registration Section Division of Corporations Clifton Building Z661 Executive Center Circle Tallahassee, FL 32301

PLASE - 1315 (12013 Workers Khawen Online

1/16/2014 12:32:48 From: To: 8506176383

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2014 JAN 16 AM 9:01

SECRETARY OF STATE

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, Al	MICESSOF CREATERAL	CHAPORTLONUALA	MIT I ETA L'INCEST'I I A 4	COMPANS
ARTICLE I - Namo The name of the Lim	: ited Liability Company is:			
JSKI, LLC				
	(Must and with the words	"Limited Liability C	ompany, "L.L.C.,"	or "LLC.")
ARTICLE II - Adda The mailing address :	ress: and street address of the pr	rincipal office of the l	Limited Liability Co	ompany is:
Principal Office Add	dress	Mailing Address	1	
1200 South Pine Isla	nd Road		uth Pine Island Ros	<u>ıd</u>
Plantation, Florida 3	3324	Plantatio	on, Piorida 33324	
The Limited Liability nother business enti	Istered Agent, Registered y Company cannot serve a ty with an active Florida remains street address of the remains of the remains a fundamental services.	s its own Registered . egistration.) egistered agent are:		
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PL052 - 32/31/2013 Walter Kleerer Chiline

Title: "AMBR" = Authorized Member "MGR" = Menager	Name and Address:
MGR	Frank G. Dunten, Dickinson Wright PLLC
	200 Ottawa Ayenue, N.W. Suite 1000
	Grand Rapids, MI 49503
	-
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	the state of the s
BV: Effective date, if other than the distributed date is listed, the date must be	ute of filing:
(Use attachment if necessary) B. V: Effective date, if other than the discrive date is listed, the date must be of filling.) E. VI: Other provisions, if any.	ute of filing:
EV: Effective date, if other than the discrive date is listed, the date must be if filing.)	tte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or s
EV: Effective date, if other than the discrive date is listed, the date must be of filing.)	the of filing:
E V: Effective date, if other than the descrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a region of a	namber or an authorized representative of a member. In 605.0203 (1) (b), Fiorida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
B V: Effective date, if other than the desirve date is listed, the date must be if filing.) E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a region of the second constitutes an affirmation is an aware that any false constitutes a third degree	nember or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
B V: Effective date, if other than the desirve date is listed, the date must be if filing.) E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a region of the second constitutes an affirmation is an aware that any false constitutes a third degree	number or an authorized representative of a member. In 605.0203 (1) (b), Fiorida Statues, the execution of this documen under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

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