

L14000160110

Florida Department of State

 Division of Corporations
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 FLORIDA LIMITED LIABILITY CO.
 GRAND PALMS PARTNERS LLC

Certificate of Status	1
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October 14, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: GRAND PALMS PARTNERS LLC
REF: W14000062456

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Neysa Culligan
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

H14000239784



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Grand Palms Partners LLC**
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
JEBAC LLC

Firm/Company
550 South Federal Highway

Address
Fort Lauderdale, FL 33301

City/State and Zip Code
jerry@hdgusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerrold Krystoff at **954 609-2554**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grand Palms Partners 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:

550 South Federal Highway
Fort Lauderdale, FL 33301

Mailing Address:

550 South Federal Highway
Fort Lauderdale, FL 33301

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:

JEBAC LLC

Name

550 South Federal Highway

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

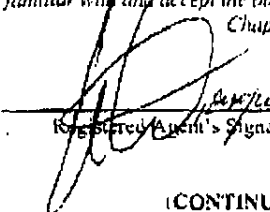
Fort Lauderdale

FL 33301

City

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR / AMBR

Name and Address:

JESAC LLC

550 South Federal Highway

Fort Lauderdale, FL 33301

MGR / AMBR

William L. Turner

1309 SW 15th Ave.

Fort Lauderdale, FL 33312

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Jarrod Krystoff

Typed or printed name of signer

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)

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