

Jul. 23. 2015  
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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From: Carrie Ramos, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690  
Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
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FLORIDA LIMITED LIABILITY CO.  
JCH Eagle Creek, LLC

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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

H15000179266 3

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

JCH Eagle Creek, LLC

**ARTICLE II**  
**Address**

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

370 Centerpoint Circle, Suite 1136  
Altamonte Springs, FL 32701

**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 Board of Managers**

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Robert Hutson	370 Centerpoint Circle Suite 1136 Altamonte Springs, FL 32701
Jonathan Claber	370 Centerpoint Circle Suite 1136 Altamonte Springs, FL 32701

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H15000179266 3

**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:

Thomas Sullivan  
GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

  
REGISTERED AGENT'S SIGNATURE

*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 in Section 817.155, Florida Statutes.*

  
AUTHORIZED REPRESENTATIVE'S SIGNATURE

ROBERT HUTSON, AUTHORIZED REPRESENTATIVE

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)

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