L15000124185

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000274829670

SECRETARY OF STATES

DERAFFER YES STAME

JUL 2 4 2015

T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 721217 4983A AUTHORIZATION : ORDER DATE : July 23, 2015 ORDER TIME: 9:04 AM ORDER NO. : 721217-005 CUSTOMER NO: 4983A DOMESTIC FILING NAME: JDR CAPITAL LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	JDR Capital	LLC
3000		Liability Company
The en	enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please	e return all correspondence concerning this matter	to the following:
	Marilyn D. Adelman	
	N	ame of Person
	Cozen O'Connor	
	F	irm/Company
	1650 Market Street	
		Address
	Philadelphia, PA 19103	
	City// jharrow@sparksonline.com	State and Zip Code
	E-mail address: (to be used for	future annual report notification)
For furth	ther information concerning this matter, please ca	1:
	madelman@cozen.com 215	665-7241
		Code Daytime Telephone Number
Enclos	osed is a check for the following amount:	
	.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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 Lia	ability Company is:		
		R Capital LLC	
(Must e	end with the words "Limited	Liability Compa	лу, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal of	fice of the Limit	ed Liability Company is:
<u>Prir</u>	ncipal Office Address:		Mailing Address:
8710 Valhalla Di	rive	c/e	o Sparks
Delray Beach, FI	L 33446		28 Charter Road
		Pi	niladelphia, PA 19154
VRTICLE III - Registered	Agent. Registered Office.		
The Limited Liability Companother business entity with	an active Florida registration	& Registered Agent	
The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration	& Registered Ag Registered Agen n.) agent are:	ent's Signature:
The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent	ent's Signature:
The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Ag Registered Agen n.) agent are:	gent's Signature:
The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Jeffrey Harrow	& Registered Ag Registered Agen n.) agent are:	gent's Signature: L You must designate an individual or
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Jeffrey Harrow 8710 Valhalla Drive	& Registered Agenta.) agent are: Name	gent's Signature: L You must designate an individual or

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)

Jeffrey Harrow

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address:	
AMBR		
	Jeffrey Harrow	
 -	8710 Valhalla Drive	
	Delray Beach, FL 33446	
		
(Use attachment if necessary)		
cument's effective date on the Department of State CLE VI: Other provisions, if any.		be listed
REOUIRED SIGNATURE:	HunkHum	
	GleykHam	
REOUIRED SIGNATURE:	Junk Hum or an authorized representative of a member.	
REOUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor-	for an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	
Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felon	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	
Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felor	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	
Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felor	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	

Page 2 of 2

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