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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : GREENE HAMRICK QUINLAN & SCHERME Account Number : I19990000030 Phone : (941)747-1871 Fax Number : (941)745-2866 **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. JMC - Belleview Place, LLC Certificate of Status 1 Certified Copy 1 Page Count 01 Estimated Charge \$160.00 ç.... Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITEDIGIABLITY CHIMPANS

ARTICLE I - Name: The name of the Limited Liability Company is: SECRETARY OF STATE TALLAHASSEE FLORIDA

(FAX)

JMC - Belleview Place, LLC

ARTICLE II - Address:

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

2201 4th Street North, Suite 200 St. Petersburg, Florida 33704

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

02/19/2016

16:18 HP0S

Robert F. Greene, Esq. 601 12th Street West Bradenton, Florida 34205

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 property 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.

SIGNATURE

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

 Title:
 Name and Address:

 MGR
 JMC Communities, Inc.

 2201 4th Street North, Suite 200

 St. Petersburg, Florida 33704

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 in section 817.155, Florida Statutes)

Robert F. Greene Typed or printed name of signes H16000043589 3