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6/30/2016

Division of Corporations

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

From:  
Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: Statenotices@vcorpsservices.com

FLORIDA LIMITED LIABILITY CO.  
Jacksonville Partners LLC

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7/1/2016 5:58:06 PM PAGE 1/001 (FAX) 845 818 3588 Fax Server

P.002/005



July 1, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES LLC

SUBJECT: JACKSONVILLE PARTNERS LLC  
REF: W16000046650

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 registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 243-6052.

Matthew T Moon  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H16000159115  
Letter Number: 516A00013960

**ARTICLES OF ORGANIZATION****OF****JACKSONVILLE PARTNERS LLC****(Under Section 605.0201 of the Florida Limited Liability Company Law)**

The undersigned person, acting as an organizer of the limited liability company hereinafter named, sets forth the following statements.

**ARTICLE I:** The name of the limited liability company (the "Company") is:

**JACKSONVILLE PARTNERS LLC**

**ARTICLE II:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

29 LeCount Place New Rochelle, New York 10801	P.O. BOX 641 New Rochelle, New York 10802
--	--

**ARTICLE III:**

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

**Vcorp Services, LLC**

5011 South State Road 7, suite 106

Davie, FL 33314

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,

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16 JUL -5 PM 1:59  
TALLAHASSEE, FLORIDA

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)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

  
Ronald Cletan, Authorized Representative

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16 JUL -5 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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P.005/005

**ARTICLES OF ORGANIZATION  
OF  
JACKSONVILLE PARTNERS LLC**

**(Under Section 605.0201 of the Florida Limited Liability Company Law)**

**Filed by: Derick Adu, Paralegal  
Danziger & Markhoff LLP  
123 Main Street  
White Plains, New York 10601**

**FILED**  
**15 JUL -5 PM 12:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**