Division of Corporations Electronic Filing Cover Sheet

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(((H16000179656 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : MICHAEL J. FREEMAN, P.A.

Account Number : 072720800142 Phone : (305)442-1567

: (305)442-1227 Fax Number

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# FLORIDA LIMITED LIABILITY CO. JPCW REDMOND INVESTMENTS LLC

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July 27, 2016

# FLORIDA DEPARTMENT OF STATE Division of Corporations

MICHAEL J. FREEMAN, P.A.

SUBJECT: JPCW REDMOND INVESTMENTSLLC

REF: W16000052338

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.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON Regulatory Specialist II FAX Aud. #: E16000179656 Letter Number: 216A00015790



P.O BOX 6327 - Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### JPCW REDMOND INVESTMENTS LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:

153 Sevilla Avenue

Coral Gables, FL 33134

**Mailing Address:** 

P.O. Box 140668

Coral Gables, FL 33114

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

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

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, Fl 33134
City, State, and Zipcode

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 (Michael J. Freeman, President)

2016 JUL 27 AM 8: 00
SECRETARY OF STATE
ALLAHASSEE FLORID,

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## ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

<u>Title:</u>

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

White/Peterman Properties, Inc. 1000 East 80th Place Suite 700 North Merrilville IN 46410

## **REQUIRED SIGNATURE:**

In/meson

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.)

Michael J. Freeman, authorized representative

Type or print name of signee

**Filing Fees:** 

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent \$30,00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

> 2016 JUL 27 AM 8: OI Secretary of State

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