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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: Account Name : BUCHANAN INGERSOLL PROFESSIONAL CORPORATION
Account Number : I20030000049
Phone : (305) 347-4087
Fax Number : (305) 347-4089

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

Email Address: david.pearl@bjpc.com

FLORIDA LIMITED LIABILITY CO.
MORRISTOWN2212 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA
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FLORIDA DEPARTMENT OF
CORPORATIONS
ELECTRONIC FILING SERVICES

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORRISTOWN2212 LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

DAVID A. PEARL, ESQ.
Name of Person
BUCHANAN INGERSOLL & ROONEY PC
Firm/Company
401 EAST LAS OLAS BOULEVARD, SUITE 2250
Address
FORT LAUDERDALE, FLORIDA 33301
City/State and Zip Code
david.pearl@bipe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID A. PEARL, ESQ. 954 468-2306
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 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
Chilton Building
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MORRISTOWN2212 LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6850 NORTH GRANDE DRIVE
BOCA RATON, FLORIDA 33433

Mailing Address:

6850 NORTH GRANDE DRIVE
BOCA RATON, FLORIDA 33433

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

M. WALKER DUVALL
Name

6850 NORTH GRANDE DRIVE
Florida street address (P.O. Box NOT acceptable)

BOCA RATON FLORIDA 33433
City State Zip

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 603, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMIR" - Authorized Member	
"MGR" - Manager	
<u>MGR</u>	<u>J.C.D. CORPORATION</u>
	<u>6850 NORTH GRANDE DRIVE</u>
	<u>BOCA RATON, FLORIDA 33433</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
 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.

Maceo Walker Duvall
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

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