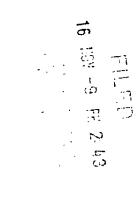
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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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C. GOLDEN'
NOV - 9 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 364059 8097129

AUTHORIZATION COST LIMIT : \$ 160.00

ORDER DATE : November 8, 2016

ORDER TIME : 10:07 AM

ORDER NO. : 364059-065

CUSTOMER NO: 8097129

DOMESTIC FILING

NAME: JBL GATEWAY HTP C LLC

## EFFECTIVE DATE:

	ARTICLES OF INCORPORATION	`,	16	
	CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	• • •	VC:	• • • •
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	,	ro Lo	
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		FF 2 43	
CONTACT	PERSON: Courtney Williams - EXT. 62935			

EXAMINER'S INITIALS:

## COVER LETTER

	egistration Section ivision of Corporations					
orm reca	JBL Gateway HTP C LLC					
SUBJECT		mited Liability	/ Company	<del></del>		
The enclos	ed Articles of Organization and fee(s) as	re submitted fo	or filing.			
Please retu	rn all correspondence concerning this m	atter to the fol	llowing:			
	Jacob Khotoveli					
•		Name of P	crson	······································		
	JBL Asset Management, LLC					
		Firm/Com	pany			
	2028 Harrison Street, Suite 202		•			
		Addres	38			
	Hollywood, Florida 33020					
	jacob@jblmgmt.com	City/State and	Zip Code			
·	E-mail address; (to be use	d for future an	nual report notification)			
For further i	nformation concerning this matter, pleas	se call:				
	Christine Phillips at (	734	372-2913			
		Area Code	Daytime Telephone Num	ber		
Enclosed i	s a check for the following amount:					
<b>\$</b> 125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	LICertifie	d Copy Copy is enclosed) C	60.00 Filing Fee, ertificate of Status & ertified Copy litional copy is enclosed	d)	
	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 Circ Fallahassee, FL 32301	il <b>c</b>	16 ESV -9 PV	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

7" 2:43

ARTICLE I - Name: The name of the Limited Liabi				- F     -
The hame of the lamited Liath	ility Company is:		16 3	GV -9
JBL Gateway HTF	PCLLC			
(Must en	nd with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	t address of the principal office	of the Limited Liability Company is:		
Princ	cipal Office Address:	Mailing Address:		
2028 Harrison Stre	cet, Suite 202	2028 Harrison Street, Suite 202		
Hollywood, Florid	la 33020	Hollywood, Florida 33020		
<del> </del>				
another business entity with a	in active Florida registration.)			
The name and the Florida stre	<del>-</del>	ent are:		
The name and the Florida stre	Jacob Khotoveli	ent are:		
The name and the Florida stre	Jacob Khotoveli	ame .		
The name and the Florida stre	Jacob Khotoveli No 2028 Harrison Street, Su	ame .		
The name and the Florida stre	Jacob Khotoveli No 2028 Harrison Street, Su	ite 202 O. Box NOT acceptable)		
The name and the Florida stre	Jacob Khotoveli No 2028 Harrison Street, Su Florida street address (P	ite 202 O. Box NOT acceptable)		

(CONTINUED)
Page1 of2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Membe	г	
"MGR" = Manager	Jacob Khotoveli	
MGR	2028 Harrison Street, Suite 202	
	Hollywood, Florida 33020	
<del>,</del>		
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
ment's effective date on the De	loes not meet the applicable statutory filing requirements, this date will not b partment of State's records.	e list
ment's effective date on the De E VI: Other provisions, if any.	partment of State's records.	e list
ment's effective date on the De E VI: Other provisions, if any.  REQUIRED SIGNATURE:	partment of State's records.	e list
REOUIRED SIGNATURE:  Signatur This document I am aware that constitutes a th	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes. t any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.	e list
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