## L1000205503

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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16 FOV -9 FE 2:55



C. GOLDEN NOV ~ 9 2016

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 364059 8097129
AUTHORIZATION :
COST LIMIT: \$ 160.00
ORDER DATE: November 8, 2016
ORDER TIME : 10:07 AM
ORDER NO. : 364059-095
CUSTOMER NO: 8097129
DOMESTIC FILING
NAME: JBL GATEWAY 471 C LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING (1)

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams - EXT. 62935

## **COVER LETTER**

	tegistration Section Division of Corporations		
CYIN TE CI	JBL Gateway 471 C LLC		
SUBJEC'		imited Liability Company	_
The enclo	sed Articles of Organization and fee(s):	are submitted for filing.	
Please ret	urn all correspondence concerning this r	natter to the following:	
	Jacob Khotoveli		
		Name of Person	_ <del></del>
	JBL Asset Management, LLC		
		Firm/Company	<del></del>
	2028 Harrison Street, Suite 202		
	***************************************	Address	
	Hollywood, Florida 33020		
		City/State and Zip Code	
	jacob@jblmgmt.com		<del></del>
	E-mail address: (to be use	ed for future annual report notification)	
For further	information concerning this matter, plea	ase call:	
	Christine Phillips	734 372-2913	
	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	Certified Copy Certified  (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations	. <b>č</b>

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

16 NSV -0 TH 2: ES

ARTICLE I - Name:	IDALAMITED EAGINLATICANVIRANT		ļ			
The name of the Limited Liability Company is:		16	107	-9	Fil	2
JBL Gateway 471 C LLC			<u>.</u>			,
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")				•	
ARTICLE II - Address: The mailing address and street address of the principal office of   Principal Office Address:	of the Limited Liability Company is:  Mailing Address:					
2028 Harrison Street, Suite 202 Hollywood, Florida 33020	2028 Harrison Street, Suite 202 Hollywood, Florida 33020		<del></del> -			
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)		ıal or				
The name and the Florida street address of the registered agen	it are:					

Name 2028 Harrison Street, Suite 202 Florida street address (P.O. Box NOT acceptable) Hollywood, Florida 33020

City State

Jacob Khotoveli

Zip

55

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

		Name and Address:
	uthorized Member	
'MGR" = Ma	nager	
MGR	<del></del>	Jacob Khotoveli
		2028 Harrison Street, Suite 202
		Hollywood, Florida 33020
	<del></del>	
` EV: Effectiv ctive date is f filing.)	listed, the date must	·
EV: Effective ctive date is filing.) the date inser	e date, if other than th listed, the date must ted in this block does	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 96  s not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date is filling.) the date insernent's effecti	e date, if other than th listed, the date must ted in this block does	be specific and cannot be more than five business days prior to or 96 s not meet the applicable statutory filing requirements, this date will no
EV: Effective date is filling.) the date insernent's effective VI: Other p	e date, if other than th listed, the date must ted in this block does we date on the Depart	be specific and cannot be more than five business days prior to or 96 s not meet the applicable statutory filing requirements, this date will no
V: Effective date is filling.) the date inserment's effective VI: Other p	ted in this block does we date on the Depart rovisions, if any.	be specific and cannot be more than five business days prior to or 90 state the applicable statutory filing requirements, this date will not ment of State's records.
V: Effective date is filling.) the date inserment's effective VI: Other p	ted in this block does be date on the Depart rovisions, if any.  SIGNATURE:	be specific and cannot be more than five business days prior to or 90 state the applicable statutory filing requirements, this date will not ment of State's records.  A prember or an authorized representative of a member.
V: Effective date is filling.) the date inserment's effective VI: Other p	e date, if other than the listed, the date must ted in this block does we date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 90 state the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date is filling.) the date insernent's effective VI: Other p	e date, if other than the listed, the date must ted in this block does we date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is I am aware that an	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State (sometimes) as provided for in s.817.155, F.S.
EV: Effective date is filling.) the date insernent's effective VI: Other p	e date, if other than the listed, the date must ted in this block does we date on the Depart rovisions, if any.  SIGNATURE:  Signature of This document is I am aware that an constitutes a third	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2