

11/2/2017

Division of Corporations

FAX AUDIT NO.: H17000289526 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000289526 3)))



H170002895263AEC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

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

Email Address: mfreeman@freemanmiami.comFLORIDA LIMITED LIABILITY CO.
JP AND CP SUCCESSOR HOLDINGS LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help
C RICO
NOV - 2 2017

FAX AUDIT NO.: H17000289526 3

FAX AUDIT NO.: H17000289526 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

JP AND CP SUCCESSOR HOLDINGS 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 33114-0668

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

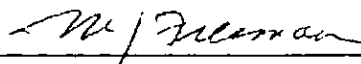
The name and the Florida street address of the registered agent are:

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)

FAX AUDIT NO.: H17000289526 3

2017 NOV -2 PM 5:01
MICHAEL J. FREEMAN, P.A.

FAX AUDIT NO.: H17000289526 3

ARTICLE IV – Manager(s) or Managing Member(s):

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

Title:*AMBR = Authorized Member
*MGR = Manager**Name and Address:**

MGR

John M. Peterman
P.O. Box 140668
Coral Gables, FL 33114

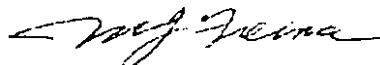
MGR

Catherine M. Peterman
P.O. Box 140668
Coral Gables, FL 33114

MGR

Michael J. Freeman
P.O. Box 140668
Coral Gables, FL 33114**ARTICLE V – Purpose:**

The limited liability is organized exclusively to hold title to the assets held in the name of Michael J. Freeman, as Trustee of the First Restated John M. Peterman and Catherine M. Peterman Irrevocable Trust Agreement dated September 16, 2008, amended on October 10, 2008 and amended on November 29, 2016.

REQUIRED SIGNATURE:**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, Manager

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)

FAX AUDIT NO.: H17000289526 3