To: Page 2 of 4

2/16/2018 Resubmission, please Florida Department of State keep file date of Division of Corporations

02/16/2018..... 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.

(((H180000546743)))

**Electronic Filing Cover Sheet** 



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## New Horizons Capital, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Kimberly Laughrey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
JRII New Horizons, I (Must contr	LLC in the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	ffice of the Lim	ited Liability Company is:	
Principa	l Office Address:		Mailing Address:	
c/o Parkway Property	Investments	(	lo Parkway Property Investments	
800 N. Magnolia Ave	mue Suite 1625		300 N. Magnolia Avenue, Suite 1625	
Orlando, FL 32803	Alue, oute fors		Orlando, PL 32803	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own active Florida registration	Registered Age on.) d agent are:	ngent's Signature: nt. You must designate an individual or	
Name				
	1200 South Pine Island Road  Florida street address (P.O. Box NOT acceptable)			
	Plantation,	Florida	33324	
	City	State	Zip	
Having been named as registered of place designated in this certificate.	egent and to accept serv	ice of process for	r the above stated limited liability company stered agent and agree to act in this capaci	

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..

By:

C T Corporation System

Michael E. Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager James R. Heistand MGR c/o Parkway Property Investments 800 N. Magnolia Ave., Stc. 1625, Orlando FL 32803 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (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) (5), Florida Statutes. I am aware that any false information submitted in a document to the Depurtment of State constitutes a third degree felony as provided for in s.817.155, F.S. James R. Heistand Typed or printed name of signec

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)