## L1800047946

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

M. MOON FEB 2 6 2018



100309644971

FILEU 18 FEB 23 PH 12: 13



## 50RPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. :	12000000	0195		
	REFERENCE :	083194	7880395		
	AUTHORIZATION :	Louis			
	COST LIMIT :	\$ 1/25.00	Kena		
ORDER DATE	: February 23,	2018			
ORDER TIME	: 2:26 PM				
ORDER NO.	: 083194-005				
CUSTOMER NO	7880395				
NAME	DOMESTIC F			TALLAHASSEE	FILE 18 FEB 23 PI
	EFFECTIVE	DATE:		:	PH 12: 13
CERT	CLES OF INCORPORT PIFICATE OF LIMIT CLES OF ORGANIZA	CED PARTNE	RSHIP	i internal distriction of the second of the	ယ
PLEASE RETU	RN THE FOLLOWING	G AS PROOF	OF FILING:		
XX PLA	TIFIED COPY IN STAMPED COPY TIFICATE OF GOOI	) STANDING	;		
CONTACT PER	SON: Roxanne Tu	ırner - EX	T.		
		EXAMIN	ER'S INITIAL	S:	

## COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: JGarden LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Howarn A. Cohen Name of Person
J Garden LLC (Hand D Equities 15 mg
8601 SE SOMERSET ISIAND WAY
JUPITCY 72 33450  City/State and Zip Code
City/State and Zip Code
howardalano art Festival, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status (additional copy is enclosed)  S160.00 Filing Fee & Certificate of Slatus & 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  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:		
.)	Garden Ll		
(Must conta	in the words "Limited I	iability Company	/, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limite	d Liability Company is:
	I Office Address:		Mailing Address:
8601 SE	50 MERSE	T ISLAN	10 WAY
900	9 ter, 7-1	<u></u>	
	<del></del>		Sene
another business entity with an active The name and the Florida street a	-	agent are:	
		Name	
	1201 Hays Street		
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)
	Tallahassee	FL	32301
	City	State	Zip
place designated in this certificate, if further agree to comply with the pro-	hereby accept the appo evisions of all statutes re	intment as registe lating to the prope s registered agent	ne above stated limited liability company at the red agent and agree to act in this capacity. I er and complete performance of my duties, and t as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

18 FEB 23 PH IZ: 13

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Harran A. Carten
	HOWARD A. COHEN 8601 SOMEKSETISLAND WAY JUPITER, 76, 33458
	Jupiter, 76, 33458
MGR_	
	<del> </del>
ective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be not of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many many many many fall arm aware that any fall occurrences.	specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many many many many fall arm aware that any fall occurrences.	meet the applicable statutory filing requirements, this date will not be at of State's records.  The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State the fellony as provided for in s.817.155, F.S.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many many many many fall arm aware that any fall ective date must be seen a many fall experience.	meet the applicable statutory filing requirements, this date will not be at of State's records.  The member of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.