

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.

(((H18000084436 3)))



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 : HUBCO

Account Number : 104662003400 : (516)935-3940 Phone Fax Number : (800)293-4075

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

SCOTT@SSMINI.COM Email Address:

## FLORIDA LIMITED LIABILITY CO. JerLib Investors, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

118 1 6 2018

Electronic Filing Menu

Corporate Filing Menu

Rrumbley Help

H18000084436 3

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JerLib Inve	estors, LLC
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	falling Address:
1433 SW 57TH TER	1433 SW 57TH TER
CAPE CORAL, FLORIDA 33914	CAPE CORAL, FLORIDA 33914
another business entity with an active Florida registr.  The name and the Florida street address of the registe.  GERALD C. FORSTN  No.  1433 SW 57TH TER  Florida street address (P.O.	own Registered Agent. You must designate an individual or ration.)  tered agent are:  NER, JR.  Jame  Box NOT acceptable)
CAPE CORAL	FL 33914
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	Zip  pt service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance to obligations of my position as registered agent as provided for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

GERALÓ C. FORSTNER, JR.

H18000084436 3

<u>Ittle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	GERALD C. FORSTNER, JR.
MGR	·
	1433 SW 57TH TER
	CAPE CORAL, FLORIDA 33914
<del></del>	
	<del></del>
<del></del>	
•	(000000111)
(Use attachment if necessary)  EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)  EVI: Other provisions, if any.	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	of filing: (OPTIONAL) ectific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date extive date is listed, the date must be sp of filing.)  E VI: Other provisions, if any.	of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date extive date is listed, the date must be sp of filing.)	of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.	of filing:
C.V: Effective date, if other than the date citive date is listed, the date must be sp filling.) C.VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date entire date is listed, the date must be sp filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section)	ember or an azinurized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	ember or an architecture representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document and the agraltics of perjury that the facts stated herein are true. Information submissed in a document to the Department of State
E V: Effective date, if other than the date citive date is listed, the date must be sp filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	ember or an architecture representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document and the agraltics of perjury that the facts stated herein are true. Information submissed in a document to the Department of State
E V: Effective date, if other than the date ctive date is listed, the date must be sp filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for	ember or an a minimized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document and the agraltics of perjury that the facts stated herein are true. Information submitted in a document to the Department of State clony as provided for in a 817.155, F.S.)
CV: Effective date, if other than the date ctive date is listed, the date must be sp filling.)  CVI: Other provisions, if any.  CEOUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree for	ember or an architecture representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document and the agraltics of perjury that the facts stated herein are true. Information submissed in a document to the Department of State

Page 2 of 2