LI SCOMOF 284

(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 MAY 03 2018



000312615630

18 MAY -2 AM 11: 22

18 MAY -2 PM & 24

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/2/18

NAME:

JBNBL, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

JBNBL, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2300 N OCEAN BOULEVARD

FORT LAUDERDALE, FLORIDA 33305

ARTICLE III REGISTERED AGENT

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

STEVEN ZELKOWITZ

333 SE 2ND AVENUE, STE 3200

MIAMI, FLORIDA 33131

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.

STEVEN ZELKOWITZ / Registered Agent's signature

PAGE 2 JBNBL, LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
THOMAS FEELEY
2300 N OCEAN BOULEVARD
FORT LAUDERDALE, FLORIDA 33305

AUTHORIZED MEMBER
STEPHANE DUPOUX
11 WOODHOLLOW DRIVE
EAST HAMPTON, NEW YORK 11937

18 MAY -2 AM II: 22

THOMAS FEELEY / Authorized Representative's signature

(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.)