

Division of Corporations

<https://cfile.sunbiz.org/scripts/cfilcovr.exe>

# L18000129112

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.

(((H18000158864 3)))



H180001588643ABC8

**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 : CORPORATE CREATIONS INTERNATIONAL, INC  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

RECEIVED  
2018 MAY 23 PM 2:06  
FLORIDA DEPARTMENT OF  
COMMERCE  
DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.  
JMPFT W26 PE, LLC**

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

T COLLINS  
MAY 24 2018

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JMPFT W26 PE, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:Mailing Address:315 S. Biscayne Boulevard, 4th Floor315 S. Biscayne Boulevard, 4th FloorMiami, FL 33131Miami, FL 33131**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporate Creations Network Inc.

Name

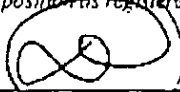
11380 Prosperity Farms Road #221EFlorida street address (P.O. Box ~~NOT~~ acceptable)Palm Beach Gardens, FL 33410

City

State

Zip

*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..*


**Danielle Gozeman, Special Secretary**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 MAY 23 AM 11:08  
CLERK OF CIRCUIT COURT  
JULIA S. DE LUCA

**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

**Name and Address:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

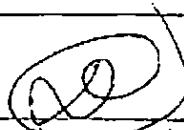
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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) (b), Florida Statutes.  
 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.

Danielle Gossman, Attorney-in-Fact

Typed or printed name of signee

**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)

FILED  
 18 MAY 23 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA