L18000189198

	(Requestor's Name)	
	(Address)	
	(Address)	
·	(City/State/Zip/Phone #)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	Office Use Only	



第 406 - 7 - 9日本の 18 本的

18 AUG - 7 AM 9: 28

E. FLORIDA

17

FILED

AUG 0 8 2018

T SCHROEDER

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: 8/7/18

NAME: JSL COASTAL II, LLC

TYPE OF FILING: ARTICLES

COST: 130.00

RETURN: PLAIN COPY AND GOOD STANDING

ACCOUNT: FCA000000015 AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Section Division of Corporations

٢.

.

ł

JSL Coastal II, LLC SUBJECT:

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:

Stefanie L. Pate, Esq.

Name of Person

LEECH TISHMAN

Firm/Company

525 William Penn Place, 28th Floor

Address

Pittsburgh, PA 15219

City/State and Zip Code

spate@leechtishman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefanie Pate	412	261-1600
	_at ()
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

 \$125.00 Filing Fee
 \$130.00 Filing Fee &
 \$155.00 Filing Fee &
 \$160.00 Filing Fee,

 Certificate of Status
 Certified Copy
 Certified Copy
 Certified Copy

 (additional copy is enclosed)
 Certified Copy
 Certified Copy

 (additional copy is enclosed)
 Certified Copy
 Certified Copy

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JSL Coastal II, 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:
949 Indian Beach Drive	949 Indian Beach Drive
Sarasota, FL 34234	Sarasota, FL 34234

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:

Susan Burns			
Name			
949 Indian Beach D	rive		
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)	
Sarasota	Florida	34234	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

11 9

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Judith Burns - MGR	41 Glen Ridge Lane Pittsburgh, PA 15243
Susan Burns - MGR	949 Indian Beach Drive Sarasota, FL 34234
Lori Burns - AMBR	434 Scott Lane Venetia, PA 15367

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of tiling: ______. (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.)

<u>Note:</u> 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.

Susan Burns

とい

Typed or printed name of signce

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)

œ AUG -7 AH 5:2