## L18000319663

| (Re                                     | questor's Name)   | <del></del> |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | dress)            |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | ne)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |

Office Use Only



100318401001

09/17/18--01032--010 \*\*130.00

SECRETARY OF STATE

K PAGE

FILED

## COVER LETTER

| TO:        | Registration Section Division of Corporations   |                             |  |  |  |  |
|------------|---|-----------------------------|--|--|--|--|
| SUBJE      | JHNP PROPERTIES L.L.C.  |                             |  |  |  |  |
| SUBJE,     | Name o  | f Limited Liabil            | ity Company  |  |  |  |
| The enc    | losed Articles of Organization and fee(   | s) are submitted            | for filing.  |  |  |  |
| Please r   | eturn all correspondence concerning th  | is matter to the f          | following:   |  |  |  |
|            | NICK HALL   |                             |  |  |  |  |
|            |   | Name of                     | Person   |  |  |  |
|            | JHNP PROPERTIES L.L.C.  |                             |  |  |  |  |
|            | Firm/Company  |                             |  |  |  |  |
|            | 5384 CATALYST AVENUE  |                             |  |  |  |  |
|            |   | Addr                        | ess  |  |  |  |
|            | SARASOTA/FLORIDA 34233  |                             |  |  |  |  |
|            | JOHNSONHALLCONSTRUCTIO  | City/State an<br>N@GMAIL.CC |  |  |  |  |
|            | E-mail address: (to be  | used for future a           | nnual report notification)   |  |  |  |
| For furthe | er information concerning this matter, p  | lease call:                 |  |  |  |  |
|            | NICK HALL   | 850<br>1 (                  | 251-8197   |  |  |  |
|            | Name of Person  | Area Code                   | Daytime Telephone Number   |  |  |  |
| Enclose    | d is a check for the following amount:  |                             |  |  |  |  |
| \$125.00   | Filing Fee \$130.00 Filing Fee Certificate of Status  | Certifiو                    | 20 Filing Fee & S160.00 Filing Fee, Certificate of Status & 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

| ARTICLE I - Name: The name of the Limited Liability Company is:   |                                      |              |
|---|--------------------------------------|--------------|
| , ,   |                                      |              |
| JHNP PROPERTIES LLC.  |                                      | <u> </u>     |
| (Must end with the words "Limited Liabi   | lity Company, "L.L.C.," or "LLC.")   |              |
| ARTICLE II - Address:<br>The mailing address and street address of the principal office o   | of the Limited Liability Company is: |              |
| Principal Office Address:   | Mailing Address:                     |              |
| 5384 CATALYST AVENUE  | 5384 CATALYST AVENUE                 |              |
| SARASOTA, FLORIDA   | SARASOTA, FLORIDA                    | <del>-</del> |
| 34233   | 34233                                | _            |
| ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) |                                      |              |
| The name and the Florida street address of the registered agent   | are:                                 | TAL<br>32    |
| J <u>ohn</u> son Hall Const   | RUCTION LLC                          | Σæ           |
| Nam   | ne                                   | まご           |

1930 JOYCE ST

Florida street address (P.O. Box <u>NOT</u> acceptable)

SARASOTA FLORIDA 34231

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page Lof2

FILED

## ARTICLE IV-

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

|  | = Authorized Member                                  | Name and Address:  |                               |
|--|--|--|-------------------------------|
| "MGR" =<br>AMBR  | Manager  | STEVEN HALL 1932 JOYCE ST  | <u> </u>                      |
| AMBR   |  | SARASOTA, FLORIDA 34231  TERRY LEE JOHNSON JR. 1930 JOYCE ST SARASOTA, FLORIDA 34231   | SEGRETARY DE LA LUAHASSEEL FI |
|  |  |  | P 17 PN 4: 04 ASSEE FLORIDA   |
| (Use attac   | hment if necessary)                                  |  |                               |
| If an effective date<br>he date of filing.)<br><u>Note:</u> If the date in | e is listed, the date must be spec                   | f filing: <u>SEPTEMBER 15, 2018</u> . (OPT iffic and cannot be more than five business days set the applicable statutory filing requirements, this State's records.                          | prior to or 90 days after     |
| ARTICLE VI: Oth  | er provisions, if any.                               |  |                               |
| REOUIR   | ED SIGNATURE:  | 71. Hell   |                               |
|  | This document is execute I am aware that any false i | nber or an authorized representative of a membed in accordance with section 605.0203 (1) (b), Floinformation submitted in a document to the Depart felony as provided for in s.817.155, F.S. | rida Statutes.                |
|  | STEVEN N. HAL  | 1  |                               |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)