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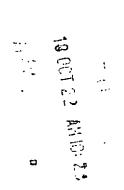
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 454101 AUTHORIZATION : COST LIMIT : ORDER DATE: October 22, 2018 ORDER TIME : 12:14 PM ORDER NO. : 454101-005 CUSTOMER NO: 8006298 DOMESTIC FILING NAME: JBL VILLAGE SHOPPES LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

COVER LETTER

TO: New Filing Section

Di	vision of Corporations				
SUBJECT	JBL Village Shoppes LLC			71 <u>1.</u> 	18 OC
	Name of I	.imited Liabili	y Company	-	است (۳۵ روز
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.		F '
Please retu	n all correspondence concerning this	matter to the fo	ollowing:	G	ب ب
	Jacob Khotoveli				
		Name of	Person		-
	JBL Asset Management, LLC				
		Firm/Cor	npany		-
	2028 Harrison Street				
		Addre	ess ess		_
	Hollywood, FL 33020				
	acob@jblmgmt.com	City/State and	I Zip Code		_
•	E-mail address: (to be us	sed for future a	nnual report notification)		_
For further in	nformation concerning this matter, ple	ase call:			
	Tom Forsterat (734	372-2911)	_	
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	L_J _{Certific}	O Filing Fee & S160.00 F ed Copy Certificate Copy is enclosed) Certified G (additional of	e of Status a	
	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:

(Must co	ntain the words "Limited I	Liability Company.	"L.L.C.," or "LLC.")	
RTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Addres	. <u>s</u> :
2028 Harrison St	reet	202	8 Harrison Street	
Suite 202		Suit	e 202	
Hollywood, FL 33	3020	Hol	ywood, FL 33020	
ARTICLE III - Registered A The Limited Liability Compa	ny cannot serve as its own	Registered Agent.	nt's Signature: You must designate an indiv	
The Limited Liability Compa nother business entity with a	ny cannot serve as its own nactive Florida registration	Registered Agent. on.)	nt's Signature: You must designate an indiv	vidual or
The Limited Liability Compa	ny cannot serve as its own nactive Florida registration	Registered Agent. on.)	nt's Signature: You must designate an indiv	}~ (
The Limited Liability Compa nother business entity with a	ny cannot serve as its own nactive Florida registration	Registered Agent. on.)	nt's Signature: You must designate an indiv	
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration active florida registered address of the registered	Registered Agent. on.)	nt's Signature: You must designate an indiv	}~ (
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration active florida registered address of the registered	n Registered Agent. on.) d agent are: Name	nt's Signature: You must designate an indiv	}~ (
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration at address of the registered Jacob Khotoveli	Registered Agent. on.) d agent are: Name	You must designate an indiv	}~ (
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration address of the registered Jacob Khotoveli 2028 Harrison Stre	Registered Agent. on.) d agent are: Name	You must designate an indiv	

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 l 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)

Jacob Khotaveli

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jacob Khotoveli 2028 Harrison Street
	Hollywood, FL 33020
	<u> </u>
(Use attachment if necessary)	The second secon
nn effective date is listed, the date must l date of filing.)	date of filing:
nn effective date is listed, the date must l date of filing.) te: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must ledge of filing.) te: If the date inserted in this block does document's effective date on the Departi	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
an effective date is listed, the date must ledate of filing.) te: If the date inserted in this block does document's effective date on the Departrace of Ticle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will not be listed

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)