

**L190000323033**

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.

(((H190000323033)))



H190000323033ABCV

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 : C T CORPORATION SYSTEM  
Account Number : FCAG00000023  
Phone : (614)280-3338  
Fax Number : (954)209-0945

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

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

**FLORIDA LIMITED LIABILITY CO.**  
**Jl Imeson Industrial 552 Holding Company, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2019 JAN 28 AM 9:53

Electronic Filing Menu

Corporate Filing Menu

Help

2019 JAN 28 AM 9:32

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Jl Ineson Industrial 552 Holding Company, 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:14747 N. Northsight Blvd, Suite 111-431  
Scottsdale, AZ 85260Mailing Address:14747 N. Northsight Blvd, Suite 111-431  
Scottsdale, AZ 85260

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation,Florida33324

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.*

C T Corporation System

By: 

Mike Jones, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2019 JAN 28 AM 9:32  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

David M. Harrison

14747 N. Northsight Blvd, Suite 111-431

Scottsdale, AZ 85260

MGR

Michael Pacheco

14747 N. Northsight Blvd, Suite 111-431

Scottsdale, AZ 85260

MGR

Javier Aldrete

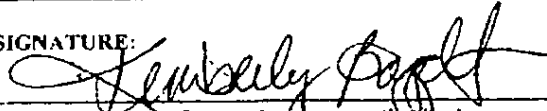
14747 N. Northsight Blvd, Suite 111-431

Scottsdale, AZ 85260

(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.

KIMBERLY DABBERT Authorized Person

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)

**FAX COVER SHEET**

---

**TO**

---

**COMPANY**

---

**FAX NUMBER** 18506176381

---

**FROM** RanaeMcGraw

---

**DATE** 2019-01-28 08:39:06 CST

---

**RE** JI Imeson Industrial 552, LLC

---

**COVER MESSAGE**

---

Chris Rickard  
Senior Fulfillment Specialist  
CT Corporation

Team (614) 280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)

**Wolters Kluwer**

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219  
[www.wolterskluwer.com](http://www.wolterskluwer.com)

**Confidentiality Notice:** This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addressees of the original sender of this email. If you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachments to this email is strictly prohibited. If you have received this email in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your possession.