

3/21/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing System

**L190000955863**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Fax Number : (954)208-0845

**\*\*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.  
JO TPA Office 270 Holding Company, LLC**

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

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MAR 22 2019  
C Kinsey

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JO TPA Office 270 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:Mailing Address:14747 N. NORTHSIGHT BLVD14747 N. NORTHSIGHT BLVDSUITE 111-431SUITE 111-431SCOTTSDALE, AZ 85260SCOTTSDALE, 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, Florida 33324

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

Mike Jones, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 MAR 21 AM 8:55  
 SECRETARY OF STATE  
 OF FLORIDA  
 TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

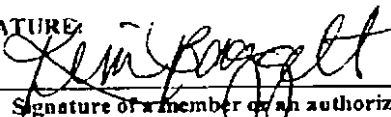
"MGR" - Manager

AMBR**Name and Address:**VTC FI. Investments, Inc.4900 Main Street, Suite 400Kansas City, MO 64112MGRMichael Pacheco4900 Main Street, Suite 400Kansas City, MO 64112MGRJavier Aldrete4900 Main Street, Suite 400Kansas City, MO 64112MGRDavid M. Harrison4900 Main Street, Suite 400Kansas City, MO 64112

(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.Kim Baggett, Secretary

Typed or printed name of signer

**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)

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SECRETARY OF STATE  
JAMES TANKS III  
FILING