

3/21/2019

Division of Corporations

**L1900072839**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
JO TPA Office 270, LLC**

Certificate of Status	0
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Page Count	03
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MAR 22 2019

C. Kinco.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JO TPA Office 270, 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 BLVD  
SUITE 111-431  
SCOTTSDALE, AZ 8526014747 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

Mike Jones, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV.**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

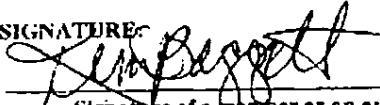
MGR**Name and Address:**David M. Harrison4900 Main Street, Suite 400Kansas City, MO 64112MGRMichael Pacheco4900 Main Street, Suite 400Kansas City, MO 64112MGRJavier Aldrete4900 Main Street, Suite 400Kansas City, MO 64112

(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)