3/25/2019

Division of Corporations

Elocada Department of Sale

Director Corporation

Lecalities Foliag Courring

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.

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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 : FCA000000023 Phone : (614)280-3338 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. JDGMG Real Estate Acquisition I, LLC

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

AR 28 PH 9: 04

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is:

JDGMG REAL ESTATE ACQUISITION I, 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:

40 S.W. 13TH STREET, SUITE 201-A
MIAMI, FLORIDA 33130
MIAMI, FLORIDA 33130
MIAMI, FLORIDA 33130

ARTICLE III - Registered Agent, Registered Office, & 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 Road

Florida 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..

Nathan S. Giffin Asst. Secretary

gent's Signature (REQUIRED)

(CONTINUED)

19 KAR 28 PM 9: 04

"AMBR" = Authorized Member	Name and Address:
"MGR* = Manager	
AMBR	J.D.G. MANAGEMENT GROUP, LTD.
	40 S.W. 13TH STREET, SUITE 201-A
	MIAMI, FLORIDA 33130
MGR	MICHELLE STEWART
	40 S.W. 13TH STREET, SUITE 201-A
	MIAMI, FLORIDA 33130
MGR	JERRY D. GUESS
MON	40 S.W. 13TH STREET, SUITE 201-A
	MIAMI, FLORIDA 33130
(Use attachment if necessary)	
ICLE V: Effective date if other than the dat	e of filing: (OPTIONAL)
effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days after
ate of filing.)	
	meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department	of State's records.
ICLE VI: Other provisions, if any.	
• ,	
	·

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.

JERRY D. GUESS

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)