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PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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Account#: I20000000088

Date: 03/28/2019
Name: Merritt Walker
Reference #: 1063332
Entity Name: JBH TENNIS HOLDINGCO, LLC
✓ Articles of Incorporation/Authorization to Transact Business
Amendment
☐ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount:\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Signature:



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Account#: I20000000088

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Refere	ence #:1063332	
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	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Author	rized Amount:\$125	
Signat	ture:	

F: +852.2682.9790

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	JBH Tennis Holdingco, LLC		
3000		Limited Liabili	ty Company
The enc	losed Articles of Organization and fee(s	s) are submitted	for filing.
Please n	eturn all correspondence concerning thi	s matter to the f	ollowing:
	Kay Caliendo		
		Name of	Person
	Allerand Capital, LLC		
	. ,	Firm/Co	mpany
	675 W Indiantown Rd		
		Addre	ess
	Jupiter, FL 33458		
	kcaliendo@allerand.com	City/State and	d Zip Code
		ised for future a	nnual report notification)
For furthe	er information concerning this matter, p	ease call:	
	Kay Caliendo	561	427-6776
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
	Filing Fee S130.00 Filing Fee & Certificate of Status	_ UCertific	0 Filing Fee & \$160.00 Filing Fee, cd Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	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 FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Nam

The name of the Limited Liability Company is:

JBH Tennis Holdingco, 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:

C/O Donald Stevenson	675 W Indiantown Rd
631 US Highway One Suite 402	Suite 103
North Palm Beach, FL 33408	Jupiter,FL 33458

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:

COGENO	Y GLOBAL	INC.
	Name	
115 North (Calhoun St.,	Suite 4
Florida street address (P.O. Box NOT	acceptable)
Tallahassee	FL	32301
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager MGR B Restaurant Holdingco, LLC 631 US Highway One Suite 402 North Palm Bech, FL 33408 ECW Investoo, LLC 675 W Indiantown Rd Suite 103 Jupiter, FL 33458 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) Teetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOUIRED 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. Ward Welke Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
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North Palm Bech, FL 33408	MGR	
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ARTICLE IV-

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