(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PiCK-UP	MAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
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Office Use Only



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FILED 19 JUL 22 PH 2: 16

6,

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

852726 7638387

AUTHORIZATION

COST LIMIT : \$\(\frac{1}{2}\frac{5}{2}\)0(

ORDER DATE : July 19, 2019

ORDER TIME : 9:02 AM

ORDER NO. : 852726-010

CUSTOMER NO: 7638387

DOMESTIC FILING

NAME: JP LARGO, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: TPLARGO LLC Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Gerald A Pach Name of Person				
Firm/Company				
621 Brightwaters Blud Address				
St Petersburg Fl 33704 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cedd A Poch at (203) 2474986 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	カアサメでの		
(Must con	tain the words "Limited l	Liability Compan	y, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limit	ed Liability Company is:
<u>Princi</u>	nal Office Address:		Mailing Address:
621 Bri	shtucters . A.	BUDNE_ 33704 =	621 Richtwaters Bud NE Streten burg, FL 33704
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its own	Registered Agen	gent's Signature: t. You must designate an individual or
The name and the Florida street	address of the registered	l agent are:	
	Corporation Service	e Company	
		Name	
	1201 Hays Street		
	Florida street addres	s (P.O. Box <u>NO</u>)	Cacceptable)
	Tallahassee	FL	32301
	City	State	Zip
place designated in this certificate further agree to comply with the p	e, I hereby accept the app provisions of all statutes r bligations of mylposition Corporation Serv By Wil P	gimment as regist eldting to the prop as registered age ico Company	the above stated limited liability company at the lered agent and agree to act in this capacity. I per and complete performance of my duties, and I per as provided for in Chapter 605, F.S Robert M. Melchiorre, Asst. Vinature (REQUIRED)
		(CONTINUE)	D)

JUL 22 PH 2: 4

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)

ARTICLE IV-

JL 22 PH 2: