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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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.
JUPITER BANCORP, LLC**

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

19 SEP 26 PM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA OFFICE OF
FINANCIAL REGULATION

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September 25, 2019

Ms. Kaitlyn E. Pettet
1201 W. Peachtree Street NW
14th Floor
Atlanta, Georgia 30309

Re: Jupiter Bancorp, LLC

Dear Mr. Carter:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Jupiter Bancorp, LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,



Jeremy W. Smith
Director
Division of Financial Institutions

JWS/trd

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

19 SEP 26 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
JUPITER BANCORP, LLC**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Florida (particularly Chapter 605 of the Florida Statutes and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the "Florida Revised Limited Liability Company Act"), hereby certifies that:

ARTICLE I:

The name of the limited liability company formed hereby is Jupiter Bancorp, LLC.

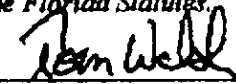
ARTICLE II:

The street address and mailing address of the principal office in the State of Florida is 401 E. Jackson Street, Suite 3300, Tampa, FL 33602.

ARTICLE III:

The name of its registered agent is Thomas Welsh at the following address: 401 E. Jackson Street, Suite 3300, Tampa, FL 33602.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these articles of organization, 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 of the Florida Statutes.



Registered Agent's Signature

ARTICLE IV:

Jupiter Bancorp, LLC is a manager-managed limited liability company for the purposes of the Florida Revised Limited Liability Company Act. The initial Manager is Thomas Welsh at the following address: 401 E. Jackson Street, Suite 3300, Tampa, FL 33602.

IN WITNESS WHEREOF, the undersigned has executed this Articles of Formation as of this 26th day of September, 2019.



Thomas Welsh
Authorized Person

From:

09/26/2019 15:16

#030 P.001/005

porterwright

Porter Wright Morris & Arthur LLP
41 South High Street
Suites 2800-3200
Columbus, Ohio 43215-6194
Main Telephone #: 614.227.2000
Main Facsimile #: 614.227.2100

Facsimile Cover Sheet

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION, PLEASE CALL (614) 227-2197 IMMEDIATELY. THANK YOU.

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Date: September 26, 2019 User: 7073 Client Matter #: 0698000-001000

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 5

PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #.
1. Division of Corporations	Florida Dept of State	850-617-6381	
RE: TECHNIFORMA, LLC			
Comments:			

Attached please find Articles of Organization regarding the above Limited Liability Company.

From: Marve Ann M. Alaimo, Esq. Phone No. 239-593-2964
THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

- ☐ ORDINARY MAIL ☐ OVERNIGHT DELIVERY SERVICE
☐ MESSENGER ☒ THIS WILL BE THE ONLY FORM OF DELIVERY