(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(But	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





300334999943

-ST 0 1 2019 brumbley CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassoo FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 938032 4328663
AUTHORIZATION: Spelle Blesser
COST LIMIT : \$ 125.00
ORDER DATE : September 30, 2019
ORDER TIME : 10:41 AM
ORDER NO. : 938032-005
CUSTOMER NO: 4328663
DOMESTIC FILING
NAME: JNGA, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT.# 62968
EXAMINER'S INITIALS:

COVER LETTER

TO: 1	New Filing Section Division of Corporations		
SUBJEC	JNGA, LLC		
00 00 00	Name of Limited Liability Company		
The enclo	osed Articles of Organization and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning this matter to the following:		
	Donna L. Doty		
	Name of Person		
	Nicklaus Companies, LLC		
	Firm/Company		
	3801 PGA Boulevard, Suite 565		
	Address		
	Palm Beach Gardens, Florida 33410		
	City/State and Zip Code donna.doty@nicklaus.com		
	E-mail address: (to be used for future annual report notification)		
For further i	information concerning this matter, please call:		
	Donna L. Doty 561 227-0320		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is	s a check for the following amount:		
\$125.00 F	iling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) 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 CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JNGA, 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:	
Suite 565	3801 PGA Boulevard Suite 565	

The name and the Florida street address of the registered agent are:

James H. Schnare II

Name

c/o Nicklaus Companies, LLC - 3801 PGA Boulevard, #565

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33410

City State Zin

Having been named as registered agent und 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 (REOUIRED)

(CONTINUED)

TALLAHASSEE FINANCE

ARTICLE IV-

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

Title: "AMBR" = Authorized Mcmber	Name and Address:
"MGR" = Manager	
MGR - Manager MGR	John R. Reese
	3801 PGA Bouleyard, Suite 565
	Palm Beach Gardens, FL 33410
MGR	James H. Schnare II
 _	3801 PGA Boulevard, Suite 565
	Palm Beach Gardens, FL 33410
(Use attachment if necessary)	
(ood and mineral in increasury)	
(If an effective date is listed, the date must be the date of filing.)	date of filing: September 30, 2019 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed as cont of State's records.
and document 3 effective date on the Departit	and of state 3 records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
REQUIRED SIGNATURE:	
/	
Signature of a	member or an authorized representative of a member.
I am aware that any f	ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. alse information submitted in a document to the Department of State
constitutes a third de	gree felony as provided for in s.817.155, F.S.
James H. Schi	
	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)