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DATE: 10/23/19

NAME: JES PARTNERSHIPS - SOUTHVIEW, L.L.C.

TYPE OF FILING: ARTICLES

COST: 130,00 - CHECK IS ATTACHED

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

_ACCOUNT: FCA000000015

AUTH<u>ORIZATION: ABBIE/PA⊎I≓H</u>ODGE

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COVERLETTER

TO: New Filing Section Division of Corporations	
SUBJECT: JES Partnerships - Sou	uthview LLC
SUBJECT: Name of Limited Liability	
The enclosed Articles of Organization and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the fo	Howing:
Jill Lafferty	
Name of P	erson
JES Partnerships - Sou	thview, L.L.C.
Firm/Com	
206 Peach Way	
Addres	s
Columbia, Missouri 652	03
City/State and jlafferty@jesholdings.com	Zip Code
E-mail address: (to be used for fitture and	nual report notification)
For further information concerning this matter, please call:	
Sam Steelman 573	443-2021
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Certified	Filing Fee & S160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section Ne Division of Corporations Di P.O. Box 632" Ch	reet Address nw Filing Section vision of Corporations ifton Building 64 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

JES Partnerships - Southview, L.L.C.

Principal Office Address:

(Must contain the words "Lamited 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:

		
206 Peach Way	206 Peach Way	
Columbia, Missouri 65203	Columbia, Missouri 65203	

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:

Northwest Regi	stered Age	nt LLC
	śame	
7901 4th St N	STE 300	
Florida street address (I	P.O. Box <u>NOT</u> a	cceptable)
St. Petersburg	FL	33702
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.

Northwest Registered Agent LLC

Tom Glover - Assistant Secretary

Registered Agent's Signature (REQUIRED)

Mailing Address:

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	JES Florida Partnerships Member II, L.L.C.
	206 Peach V/ay
	Columbia, Missouri 65703
	A SA A SA
(Use attachment if necessary)	
•	
(If an effective date is listed, the date must the date of filing.)	the date of filing:
the document servetive date on the Depar	them of state s records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURES	Vin Mul
This document is 1 am aware that an	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Will Markel, Manager of AMBR

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)