

L20000042649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FEB 13 2020

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. JFP 36th LLC  
(Corporation Name)

Document #

2. \_\_\_\_\_  
(Corporation Name)

Document #

☒ Walk in

\_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Mail out

\_\_\_\_\_ Will wait

\_\_\_\_\_ Photocopy

\_\_\_\_\_ Certified Copy

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
☒ Limited Liability  
\_\_\_\_\_ Domesitication  
\_\_\_\_\_ Other

**AMMENDMENTS**

\_\_\_\_\_ Amendment  
\_\_\_\_\_ Resignation of R. A. Officer/Director  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign  
\_\_\_\_\_ Limited Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Trademark  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** JFP 36th, 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:

David J. Edwards  
Name of Person

Edwards Cohen  
Firm/Company

200 West Forsyth Street, Suite 1300  
Address

Jacksonville, FL 32202  
City/State and Zip Code

dedwards@edcolaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Edwards      904      633.7979  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 FLORIDA LIMITED LIABILITY COMPANY

FILED  
2020 FEB 12 AM 11:07

ARTICLE I - Name:

The name of the Limited Liability Company is:

JFP 36th, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRET  
7 LL, ... STATE  
... FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1406 Terrace Drive

Tulsa, Oklahoma 74104

Mailing Address:

1406 Terrace Drive

Tulsa, Oklahoma 74104

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:

David J. Edwards

Name

200 West Forsyth Street, Suite 1300

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

Jacksonville, FL 32202

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Blake Atkins  
1406 Terrace Drive  
Tulsa, Oklahoma 74104

AMBR

Jordan Geller Trust  
1406 Terrace Drive  
Tulsa, Oklahoma 74104

AMBR

Jordan Geller Childrens Trust  
1406 Terrace Drive  
Tulsa, Oklahoma 74104

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.

David J. Edwards

\_\_\_\_\_  
Typed or printed name of signer

**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)

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