L2000051485

(1	Requestor's Name)
(/	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(1	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





100340839141
TALL/HYALEE, FL

2020 FEB 19 PH 12: 57

N CULLICATION FEB 2 0 7020

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE: 185652 4500665			
AUTHORIZATION: Spelle le mon			
COST LIMIT : \$ 125.00			
ORDER DATE : February 19, 2020			
ORDER TIME : 2:56 PM			
ORDER NO. : 185652-005			
CUSTOMER NO: 4500665			
DOMESTIC FILING			
NAME: JMP INVESTMENT ONE 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: Kadesha Roberson - EXT.			
EXAMINER'S INITIALS:			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 FEB 19 PM 12: 57

ARTICLE	EI - Name:
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SECHETALY OF STATE TAULISMUSEE, FL

The name of the Limited Liabilit	v Company is:	Components		
THE NAME OF the Ellinga Elabing	y Company is.		SECHETA. TAULKE	
JMP Investment One	LLC			
(Must cona	tin the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	ldress of the principal	office of the Limit	ed Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
400 Fish Avenue S, S Naples, FL 34102	Suite 300		00 Fifth Avenue S, Suite 300 aples, FL 34102	
another business entity with an a	cannot serve as its ow ctive Florida registrat	m Registered Agen ion.)	gent's Signature: t. You must designate an individual or	
The name and the Florida street a	ddress of the registere	ed agent are:		
	John M. Paz			
		Name		
	400 Fifth Avenue S	, Suite 300		
	Florida street addre	ss (P.O. Box NOT	acceptable)	
	Naples	FL	34102	
	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..

John M. Paz

Ву

Registered Agent's Signature (REQUIRED)

(CONTINUED)

as

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	John M. Paz 400 Fifth Avenue S, Suite 300 Naples, FL 34102	
		120 FEB
		19 PM12: 57
(Use attachment if necessary)		ı
the date of filing.)	of filing:	
ARTICLE VI: Other provisions, if any.	- oute a records.	_
REQUIRED SIGNATURE:	X	_ _
I am aware that any false in	ber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.	
John M. Paz	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)

ARTICLE IV-