

9/17/2020

L20000284226

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jfservice@jonesfoster.com

**FLORIDA LIMITED LIABILITY CO.
39 KINA OLE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

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2020 SEP 17 PM 4:56

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ARTICLES OF ORGANIZATION
OF
39 KINA OLE, LLC

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is 39 KINA OLE, LLC.

ARTICLE II

Address

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

427 Savoie Drive
Palm Beach Gardens, FL 33410

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Jones Foster Service, LLC
505 South Flagler Drive, Suite 1100
West Palm Beach, Florida 33401

ARTICLE IV

Management

The Limited Liability Company will be manager-managed.

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CLERK OF COURT
JANET HARRIS

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ARTICLE V

Managers

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

James F. Woodard
427 Savoie Drive
Palm Beach Gardens, FL 33401

Jolie Y. Woodard
427 Savoie Drive
Palm Beach Gardens, FL 33401

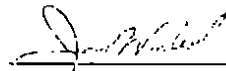
ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon filing with the Department of State of the State of Florida.

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Date: September 17, 2020



James F. Woodard
Authorized Representative

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**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That 39 KINA OLE, LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.

JONES FOSTER SERVICE, LLC,
Registered Agent

By 
L. Ben Alexander, Jr., Manager

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 333-4242

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: deb.nhiser@gmlaw.com

FLORIDA LIMITED LIABILITY CO.

JMBE Oconee, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RESUBMITTAL PER SOS LETTER

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2020 SEP 17 PM 1:27

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TALLAHASSEE, FL
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**ARTICLES OF ORGANIZATION
OF
JMBE OCONEE, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I — Name:

The name of the Limited Liability Company is JMBE Oconee, LLC.

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is 608 Plantation Road, Tallahassee, Florida 32303.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE IV — Registered Agent:

The name and street address of the initial registered agent for this Limited Liability Company is Matthew Lawson, 608 Plantation Road, Tallahassee, Florida 32303.

ARTICLE V — Management:

The Limited Liability Company is to be managed by members and the name and address of the initial member who is to serve as manager is:

Matthew and Janice Lawson, tenants by the entirety
608 Plantation Road
Tallahassee, Florida 32303

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Whereof, the undersigned has executed these Articles this 26th day of August, 2020.

A handwritten signature in black ink, appearing to read "Matthew Larson", written over a horizontal line.

Matthew Larson, Authorized Person

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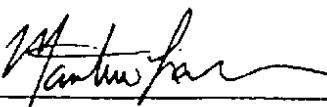
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: JMBE Oconee, LLC
2. The name and address of the registered agent and office is:
Matthew Lawson
608 Plantation Road
Tallahassee, Florida 32303

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, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and the undersigned is familiar with and accept the obligations of its position as registered agent.


Matthew Lawson (Signature)

August 26, 2020
Date