

Florida Department of State
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Email Address: mhasner@therrelbaisden.com

FLORIDA LIMITED LIABILITY CO.
JAB MOHAVE, LLC

Certificate of Status	0
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Page Count	03
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J. FASON

OCT 02 2020

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October 1, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THERREL BAISDEN, LLP

SUBJECT: JAB MOHAVE, LLC
REF: W20000112852

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H20000340317
Letter Number: 020A00018973

**ARTICLES OF ORGANIZATION
FOR
JAB MOHAVE, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is **JAB MOHAVE, LLC**.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 3700 N. Pine Valley Loop, Lecanto, FL 34461.

**ARTICLE III
Duration**

This limited liability company shall have a perpetual existence.

**ARTICLE IV
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, LLP, SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Mark M. Hasner, Esq.

**ARTICLE V
Manager-Managed Company**


The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

**ARTICLE VI
Manager**

The name and address of the Manager is as follows:

Ramona C. Bryan
3700 N. Pine Valley Loop
Lecanto, FL 34461

The undersigned authorized representative of the members of **JAB MOHAVE, LLC** hereby executes these articles of organization on this 30 day of September, 2020.


Mark M. Hasner, authorized representative

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

PURSUANT TO THE PROVISIONS OF SECTION 605 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **JAB MOHAVE, LLC.**
2. The name and the Florida street address of the registered agent and office are:

Mark M. Hasner, Esquire
Therrel Baisden, LLP
SunTrust International Center
One S.E. 3rd Avenue, Suite 2950
Miami, Florida 33131

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.



Mark M. Hasner

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