

7/12/2021

**L2100032196**  
 Division of Corporations  
 Florida Department of State  
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 Electronic Filing Cover Sheet

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To:

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**FLORIDA LIMITED LIABILITY CO.**

**Jax Capital Management 2 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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*Lsk 7/15/21*

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\*\*\*HONOR ORIGINAL DATE 07-12-2021\*\*\*

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July 13, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: JAX CAPITAL MANAGEMENT 2 LLC  
REF: W21000099605

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.

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Karen Lovelace  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H21000267756  
Letter Number: 021A00015982

\*\*\*HONOR ORIGINAL DATE 07-12-2021\*\*\*

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jax Capital Management 2 LLC

(Must contain the words "Limited 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:

**Principal Office Address:**1888 NW 21st Street  
Pompano Beach, FL 33069**Mailing Address:**1888 NW 21st Street  
Pompano Beach, FL 33069**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:

Keith Poliakoff

Name

200 S. Andrews Ave., Suite 601Florida street address (P.O. Box **NOT** acceptable)Fort LauderdaleFlorida33301

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.

Keith Poliakoff

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JUL 14 PM 3:17  
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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Jeremy Jackson

1888 NW 21st Street

Pompano Beach, FL 33069

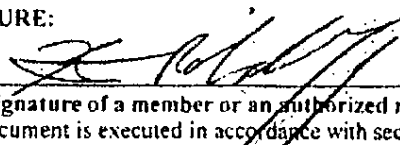
(Use attachment if necessary)

**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.

Keith Poliakoff

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)

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