

122000045508

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000048730 3)))



H220000487303ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

FLORIDA LIMITED LIABILITY CO.

JEM Englewood, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB -7 AM 11:49

FILED

(((H22000048730 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

JEM ENGLEWOOD, LLC

ARTICLE II - Mailing Address

The mailing address of the Limited Liability Company is as follows:

5531 Cannes Circle, Unit 406
Sarasota, Florida 34231

ARTICLE III - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

5531 Cannes Circle, Unit 406
Sarasota, Florida 34231

ARTICLE IV - Management

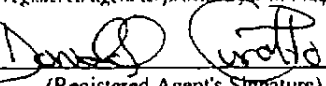
The Company is a manager-managed limited liability company. The manager is Mark Yadisernia.


ARTICLE V - Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent is:

Corporation Company of Orlando
300 S. Orange Avenue, Suite 1600 (DJC)
Orlando, Florida 32801

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, Florida Statutes.

By: 
(Registered Agent's Signature)
Print Name: DONALD CURATO


Signature of a member or an authorized representative of a member
Print Name: Mark Yadisernia, Authorized Representative

(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. 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, Florida Statutes)

(((H22000048730 3)))

FILED
2022 FEB - 7 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA