

4/8/22, 2:49 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
**L220001287683**  
 Electronic Filing Cover Sheet

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

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

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

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2022 APR -8 PM 2:29

CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**J1 IPS BUILDING E, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jl IPS Building E, 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:

14747 N. NORTHSIGHT BLVD, SUITE 111-431  
SCOTTSDALE, AZ 85260

Mailing Address:

14747 N. NORTHSIGHT BLVD, SUITE 111-431  
SCOTTSDALE, AZ 85260

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.)

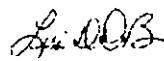
The name and the Florida street address of the registered agent are:

C T Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)

Plantation                      Florida                      33324  
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..

C T Corporation System  
By:   
Registered Agent's Signature (REQUIRED)

Lisa DuBois, Assistance Secretary

(CONTINUED)

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