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Electronic Filing Cover Sheet

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To:

Division of Corporations

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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.

Email Address:_

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FLORIDA LIMITED LIABILITY CO. JI IPS BUILDING E, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: JEIPS 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: Mailing Address: 14747 N. NORTHSIGHT BLVD, SUITE 111-431 14747 N. NORTHSIGHT BLVD, SUTTE 111-431 SCOTTSDALE, AZ 85260 SCOTTSDALE, AZ 85260

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Page: 3 of 4

CT Corporation Sys	teni	
	Name	
1200 South Pine Isla	and Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
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 a 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 Lie DUB By: Registered Agent's Signature (REQUIRED)

Lisa DuBois, Assistance Secretary

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Memb	cr _.	
"MGR" = Manager		
MGR	Javier Aldrete	_
	14747 N. NORTHSIGHT BLVD, SUITE 111-431 SCOTTSDALE, AZ 85260	,
		_
MGR	David M. Harrison	
	14747 N, NORTHSIGHT BLVD, SUITE 111-431	
	SCOTTSDALE AZ 85260	
MGR	Michael Pacheco	
	14747 N. NORTHSIGHT BLVD, SUITE 111-431	
	SCOTTSDALE, AZ 85260	***
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