

L22000 182883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

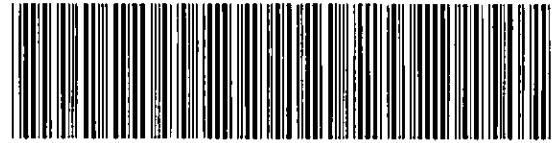
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/04/22--01002--002 **125.00

FILED
2022 MAY -3 PM 12:50
STATE ARCHIVES, FL

RECEIVED
2022 MAY -3 PM 3:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Department of State
Division of Corporations
Date: 05/03/22

American Expediting (Stealth Courier)
1531 Commonwealth Business Dr.
Ste 105
Tallahassee, Fl. 32303
850-294-5632

Stealth Courier Box

Company: JA Legacy Development Partners LLC
Requester: Meridian Partners
Order: 13925801

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: JA Legacy Development Partners LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Roman
Name of Person

Meridian Partners Law
Firm/Company

4923 West Cypress Street
Address

Tampa, Florida 33607
City/State and Zip Code

azurede@meridianpartnerslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Roman at (813) 443-5260
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAY -3 PM 12: 50

JA Legacy Development Partners LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4923 West Cypress Street
Tampa, FL 33607

4923 West Cypress Street
Tampa, Florida 33607

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.)

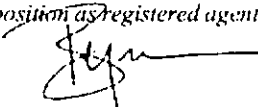
The name and the Florida street address of the registered agent are:

Bryan W. Sykes, Esq.
Name

4923 West Cypress Street
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33607
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____ MGR

Kenneth I. Morris

4923 West Cypress Street

Tampa, FL 33607

9/10
SECRETARY
TALLAHASSEE, FL
2022 MAY -3 PM 12:50

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

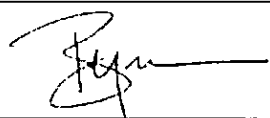
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Any and all lawful business

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.

Bryan W. Sykes / Authorized Representative

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)