

Florida Department of  
Division of Corporations  
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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 II, LLC**

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

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REGISTRARS  
COMMERCIAL  
SERVICES

2022 JUN -2 PM 4:33

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name**

The name of the Limited Liability Company is:

JEM ENGLEWOOD II, 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 Janice Yadisernia.

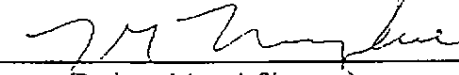
**ARTICLE V - Registered Agent and Office and Registered Agent's Signature**

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.*

CORPORATION COMPANY OF ORLANDO

By: 

(Registered Agent's Signature)

Print Name: J. Gregory Humphries

  
Signature of a member or an authorized representative of a member

Print Name: Janice 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)

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