Florida Department of State Division of Corporations

GMT

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.

(((H22000231985 3)))



H220002319853ABC%

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 : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:_

Page: 2 of 5

To:



Electronic Filing Menu Corporate Filing Menu

Help

2022-07-08 17:04:21 GMT

13053284774

850-617-6381

7/8/2022 12:11:34 PM PAGE 1/001 Fax Server



July 8, 2022

1

FLORIDA DEPARTMENT OF STATE Division of Corporations EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: JC 22,LLC REF: W22000089924

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey OPS Clerk FAX Aud. #: H22000231985 Letter Number: 522A00015274

m PH C

P.O BOX 6327 - Taliahassee, Florida 32314

2022-07-08 17:04:21 GMT

cuSign Envelope ID: 7E67DEEA-BF79-4958-AF4C-CEBAFFE28A03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

To:

The name of the Limited Liability Company is:

JC 22, 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:
142 W Platt St, #100	142 W Platt St. #100
Tampa, FL 33606	Tampa, FL 33606
	<u>×</u>

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:

William Collins _________Name

 627 De Soto Drive

 Florida street address (P.O. Box NOT acceptable)

 Saint Petersburg
 FL

 33615

 City
 State

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.

NOODFOC LACOADA.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



DocuSign Envelope ID: 7E67DEEA-BF79-4958-AF4C-CEBAFFE28A03

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager <u>Manager</u>	Donald E. Phillips 142 W Platt St. #100 Tampa. FL 33606

(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.

This document is executed in accordance I am aware that any false information suit constitutes a third degree felony as provided Donald E. Phillips Typed or print	horized representative of a member, e with section 605.0203 (1) (b), Florida Statutes, pointed in a document to the Department of State ded for in s.817.155, F.S.
I am aware that any false information su constitutes a third degree felony as provi Donald E. Phillips Typed or prin	benitted in a document to the Department of State ded for in s.817.155, F.S.
constitutes a third degree felony as provi Donald E. Phillips Typed or prin	ded for in s.817.155, F.S.
Typed or prin	ted name of signee
Typed or prin	ted name of signce
Filing	
\$125.00 Filing Fee for Articles of Organization and	
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	
a stat determine of oractes (a brown)	: _{يُ} لئد

.