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Ele	ectronic Filing Cover Sheet	

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To:

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

From:

Account Name	:	CAPITOL SERVICES,	INC.
Account Number	;	12016000017	
Phone	;	(855)498-5500	
Fax Number	:	(800)432-3622	

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

Email Address:

 FLORIDA LIMITED LIABILITY CO.

 JRG PROJECTS LLC

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 Estimated Charge
 \$155.00

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COVER LETTER

TO:	New Filing Section
	Division of Corporations

JRG Projects LLC
SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brian Landau, Esq.

Name of Person

Greenberg Traurig, LLP

Firm/Company

3333 Piedmont Road NE, Suite 2500

Address

Atlanta, Georgia 30305

City/State and Zip Code

landaub@gtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Landau, Esq.	786	823-1720
	u ()
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

⊡\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is::

JRG Projects LLC

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

ARTICLE II - Address:

٠.

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

Principal Office Address:		Malling Address				
2300 Charlotte Ave, Suite 103, Nashville, TN 37203			P.O. Box 340020, Nashville, TN 37203			, TN 37203
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>		
·····	<u> </u>	······	· · ·		- .	
ARTICLE III - Registered A The Limited Liability Compar- mother business entity with an	iy cannot serve as its ov	vn Registered /			ite an indivi	dual or
The name and the Florida stree	t address of the register	ed agent are:				
	Capitol Corporate	Services, Inc.		·		
		Name				
	515 East Pa	rk Avenue 2	2nd Fl			
	Florida street addr	ess (P.O. Box j	NOT accepta	ble)		
	T-11-1	Florid		33201		

Tallahassec Florida 32301 Zip 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 dutks, and i am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Sadi Boyette, Asst. Sec. on behalf of Sodi Bayette Capitol Corporate Services, Inc.

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	Julie Boos 2300 Charlotte Ave, Suite 103 Nashville, TN 37203	
		TALLAHA
·······		12 SSEE
		PH 3: 54

(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.

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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.

Brian Landay, Esc.

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 5.00 Certificate of Status (Optional)