# L23000416330

	(Requestor's Name)	
<del></del>	(Address)	<del>.</del>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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	(Document Number)	
Certified Copies	Certificates of	Status
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	LLC
<u> </u>	CORPORATE NAME AND DOCUME	DUTPARCEL TSP, LLC MENT #)
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liabilit	y Company is:	
JBL Winter Park Outp	parcel TSP, LLC	
(Must conta	in the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	dress of the principal office o	f the Limited Liability Company is:
•	, ,	
<u>Princips</u>	<u>l Office Address</u> :	Mailing Address:
2028 Harrison Street,	Suite 202	2028 Harrison Street, Suite 202
Hollywood, FL 33020	)	Hollywood, FL 33020
ADTICLE III Danisaanad taa	A Decision LOGGER O.D.	
ARTICLE III - Registered Age (The Limited Liability Company)	nt. Registered Office, & Registernot serve as its own Register	istered Agent's Signature; ered Agent. You must designate an individual or
another business entity with an a	ctive Florida registration.)	cred Agent. Tou must designate an manifulation
•	,	
The name and the Florida street a	ddress of the registered agent	are:
	JBL Asset Management, LL	C
	Name	
	2028 Harrison Street, Suite	202
	Florida street address (P.O.	Box NOT acceptable)

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..

State

Zip

Hollywood

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### 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		
<del>-</del>	1 110 - 11 0000 11 - 1 0 0 1 0 10	
MGR	Jacob Khotoveli - 2028 Harrison Street, Suite 202 Hollywood, FL 33020	
	11011/ 44004,1 2 33020	
	<del> </del>	
<del></del>		
(Use attachment if necessary)		
,		
cument's effective date on the Departm CLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be sent of State's records.	e notee
	0 01	_
	lie to	
Signature of a	member or an authorized representative of a member.	
This document is exp	couted in accordance with section 605,0203 (1) (b). Florida Statutes	
I am aware that any f	alse information submitted in a document to the Department of State	
constitutes a third de	gree felony as provided for in s.817.155, F.S.	
turne Where it		
Jacob Khotoveli		
	Typed or printed name of signer	
	Typed or printed name of signce	
	•	
\$125.00 Filing Fee for Articles of	Filing Fees: Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional	Filing Fees: Organization and Designation of Registered Agent	<b>.</b>
\$125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Opt	Filing Fees: Organization and Designation of Registered Agent  I)	9