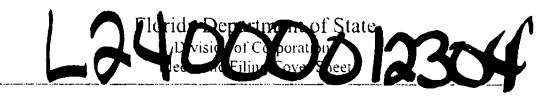
1/10/24, 1:37 PM

Division of Corporations



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.

(((H240000143323)))



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: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8380 Fax Number : (407)244-5690

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

Email Address: aorosz@hcpland.com

FLORIDA LIMITED LIABILITY CO.

JMO Custom I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

To:

H240000143323

ARTICLES OF ORGANIZATION FOR JMO CUSTOM I, LLC

ARTICLE I - NAME

The name of this limited liability company is JMO CUSTOM I, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is c/o J. Matthew Orosz, 605 Commonwealth Avenue, Orlando, Florida 32803.

ARTICLE III - MANAGEMENT

The Company will be managed by a manager and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV - OFFICERS

The Company reserves the right to designate officers and to assign specific duties to those officers.

<u>ARTICLE V – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT</u> <u>SIGNATURE</u>

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Andrew J. Orosz 605 Commonwealth Avenue Orlando, FL 32803

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes

REGISTERED AGENT'S SIGNATURE

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

To:

H24000014332 3

am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statines.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Andrew J. Orosz, Authorized Representative
Type or printed name of signee