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PORTLANDLO	RDS LLC	
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Thank you Seth N	Neelev	
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		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Annual Report / Reinstatement
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		Corp Record Search
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COVER LETTER

	New Filing Se Division of Co					
SUBJEC		NDLORDS LLC				
500000		Name of Li	mited Liability Company	····		
The enclo	sed Articles of	f Organization and fee(s) a	re submitted for filing.			
Please ret	urn all corresp	ondence concerning this ir	atter to the following:			
	Jason Glase	r				
	 :		Name of Person			
	JGL RE Ho	ldings LLC				
			Firm/Company			
	20900 NE 3	0th Ave, Suite 307				
		-	Address			
	Aventura, F	L 33180				
	Jacon Otaliaa		City/State and Zip Code	112.79		
	Jason@tciica		for future annual report notificati	ion)		
For further i		ncerning this matter, pleas	-	,		
	Jason Glaser	3 at (05 792-5760	,		
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LI3123.00	orming ree	■\$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 enclose	EN C	
		ı <u>z Address</u>	Street Address	•	~	
		iling Section on of Corporations	New Filing Section Di The Centre of Tallaha			
		ox 6327	2415 N. Monroe Stree			
	Tallah	assee, F1, 32314	Tallahassee FL 3230	3		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:			
<u>PORT</u> LANDLORD	SLIC			
	tain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal o	office of the Limite	d Liability Company is:	
<u>Princip</u>	nal Office Address:		Mailing Add	ress:
20900 NE 30th Ave		209	900 NE 30th Ave	
Suite 307			te 307	
Aventura, FL 33180		Av	entura, FL 33180	
The name and the Florida street	JGL RE HOLDINGS 20900 NE 30th Ave, Florida street addres	S LLC Name Suite 307	acceptable)	
	Aventura	FL	33180	
	City	State	Zip	
Having been named as registered olace designated in this certificate further agree to comply with the parm familiar with and accept the ol	, I hereby accept the app rovisions of all statutes re oligations of my position	ointment as registe, elating to the prope as registered agent	red agent and agree to act or and complete performan as provided for in Chapte ture (REQUIRED)	in this capacity, 1 🔀

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>MGR</u>	JGL RE HOLDINGS LLC 20900 NE 30th Ave, Suite 307 Aventura, FL 33180	
MGR	JES Interests Inc. 1209 Citrus Isle Ft. Lauderdale, Fl. 33315	
<u>MGR</u>	LADUE VII LLC 9413 Isla Bella Cir Bonita Springs, FL 34135	
(Use attachment if necessary)		
(vise ditaciliteta il ficeessary)		
FICLE V: Effective date, if other than the date in effective date is listed, the date must be spedate of filing.) e: If the date inserted in this block does not in	of filing:	
FICLE V: Effective date, if other than the date in effective date is listed, the date must be specified of filing.) ie: If the date inscrited in this block does not in document's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be lis of State's records.	
FICLE V: Effective date, if other than the date in effective date is listed, the date must be spedate of filing.) te: If the date inscrted in this block does not in document's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list of State's records.	Sted a
TICLE V: Effective date, if other than the date an effective date is listed, the date must be specified of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed an aware that any false	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list of State's records.	Sted a

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)