

C24000192012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

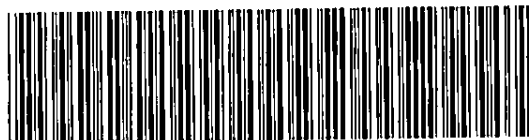
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Certified Copies _____

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2024 APR 29 AM 9:47

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TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/29/2024

Acc#120160000072

en: c DW

Name:	Jacaranda Heights LLC
Document #:	
Order #:	15523695

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

2024/07/29 11:24:47
05/13/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jacaranda Heights LLC
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:

Noam Magence

Name of Person

The NRP Group LLC

Firm/Company

1228 Euclid Avenue, 4th Floor

Address

Cleveland, OH 44115

City/State and Zip Code

legal@nrpgroup.com

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

For further information concerning this matter, please call:

Becky Martin 440 4758900
Name of Person at (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 I - Name:

The name of the Limited Liability Company is:

Jacaranda Heights 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:

1228 Euclid Avenue, 4th Floor
Cleveland, OH 44115

Mailing Address:

1228 Euclid Avenue, 4th Floor
Cleveland, OH 44115

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

City

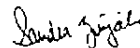
State

Zip

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..

C T Corporation System

By:



Sandra Zwijack, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

"MGR" = Manager

J. David Heller
1228 Euclid Avenue, 4th Floor
Cleveland, OH 44115

Noam Magence
1228 Euclid Avenue, 4th Floor
Cleveland, OH 44115

George Currall
1228 Euclid Avenue, 4th Floor
Cleveland, OH 44115

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

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.

REQUIRED SIGNATURE:

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.

Typed or printed name of signee

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

S 5.00 Certificate of Status (Optional)