

P22000087674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

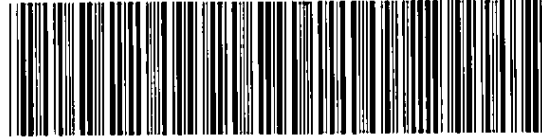
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

NOV 29 2022

2022 NOV 28 AM 11:51

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: JL Manager Holdings, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Danielle Klimchak

Name (Printed or typed)

590 Madison Avenue, 40th Floor

Address

New York, NY 10022

City, State & Zip

(212) 835-2000

Daytime Telephone number

danielle.klimchak@leedsequity.com

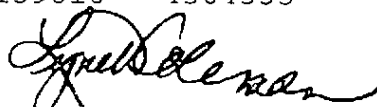
E-mail address: (to be used for future annual report notification)

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 159816 4304335

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : November 28, 2022

ORDER TIME : 1:22 PM

ORDER NO. : 159816-005

CUSTOMER NO: 4304335

DOMESTIC FILING

NAME: JL MANAGER HOLDINGS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: JL Manager Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

400 Royal Palm Way, Suite 404
Palm Beach, FL 33480

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey T. Leeds - Director

Address: 400 Royal Palm Way, Suite 404
Palm Beach, FL 33480

Name and Title: Jeffrey T. Leeds - President

Address: 400 Royal Palm Way, Suite 404
Palm Beach, FL 33480

Name and Title: Jeffrey T. Leeds - Secretary

Address: 400 Royal Palm Way, Suite 404
Palm Beach, FL 33480

Name and Title: Jeffrey T. Leeds - Treasurer

Address: 400 Royal Palm Way, Suite 404
Palm Beach, FL 33480

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19:11 PM 02/01/2020
JL Manager Holdings, Inc.
Palm Beach, FL 33480

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey T. Leeds
Address: 400 Royal Palm Way, Suite 404
Palm Beach, FL 33480

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Alexis Weibull, assistant vice president 11/28/2022
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

[Signature] 11-23-22
Required Signature/Incorporator Date

22 NOV 28 AM 11:51
D. L. B. P. O. Box 1000
Tallahassee, FL 32301