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# P23000018212

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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S. CHATHAM MAR 10 2023

2023 MAR -9 PH 1: 36 SECRETARY OF STATE



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IN

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

ACCOUNT NO. : I2000000195

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ORDER DATE : March 8, 2023

ORDER TIME : 10:12 AM

ORDER NO. : 555707-005

CUSTOMER NO: 4304335

### DOMESTIC FILING

NAME: JTL MANAGER HOLDING CORP.

### 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-sorenson - EXT.

EXAMINER'S INITIALS:

# **COVER LETTER**

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

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

□ \$70.00 Filing Fee	□ \$78.75 Filing Fee	□ \$78.75 Filing Fee	□ <b>\$87</b> .50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	<b>DPY REQUIRED</b>

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Danielle Klimchak

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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)

NOTE: Please provide the original and one copy of the articles.

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

<u>ARTICLE I NAME</u> The name of the corporation shall be: \_\_\_\_\_\_JTL Manager Holding Corp.

<u>ARTICLE II</u>	PRINCIPAL OFFICE
	Principal street address
400 Royal Pa	Im Way, Suite 404
Palm Beach,	FL 33480

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Mailing address, if different is:

<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is:	SECI	2023 h	
The nature of the business or purposes to be conducted or promoted is to engage in any lawful	act or	AR	( J
activity for which corporations may be organized under the laws of the State of Florida.		ġ	j j
	17:00 17:00	Ř	
	TAT	1:36	

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	Name and Title	Jeffrey T. Leeds - President
Address	400 Royal Palm Way. Suite 404		400 Royal Palm Way, Suite 404
	Palm Beach, FL 33480		Palm Beach, FL 33480
Name and Title:	Jeffrey T. Leeds - Secretary	Name and Title	Jeffrey T. Leeds - Treasurer
Address	400 Royal Palm Way, Suite 404	Address:	400 Royal Palm Way. Suite 404
	Palm Beach, FL 33480		Palm Beach, FL 33480
Name and Title:	_	Name and Title:	
Address		Address:	

## DocuSign Envelope ID: D7ABEC63-EC1F-42AC-9010-838D0AE368A4

Name	and Title:	Name and Title:	
Address		Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	2023 MAR - SECRETAL TALLIA
Name: Address:	Corporation Service Company 1201 Hays Street		
,	Tallahassee, FL 32301		Por
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	Jeffrey T. Leeds		
Address:	400 Royal Palm Way, Suite 404		

<u>ARTICLE VIII \_ EFFECTIVE DATE:</u>

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

 Quired Signature/Registered Agent

Palm Beach, FL 33480

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.

DocuSigned by: Setting T. Luds 31C14BA9F4C94C0...

orator

3/8/2023

03/09/2023

Date

Date