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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)205-8842

Phone

Fax Number

: (850)878-5368

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

rmoil .	Address:		

FLORIDA LIMITED LIABILITY CO.

Turnbridge Austin LLC

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S. GILBERT

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Help

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: TURNBRIDGE AUSTIN LLC Name of Li	mited Liability Company	
The er	nclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	·
	Saudi Gonzalez-Crawford	Name of Person	<u></u>
	Kasowitz, Benson, Torres & Friedr	man LLP Firm/Company	
	1633 Broadway	Address	
	New York, NY 10019	City/State and Zip Code	
. S C	rawford@kasowitz.com E-mail address: (to be use	d for future annual report notifica	ation)
For fu	rther information concerning this matter, ple	ase call:	
Jeffre	Name of Person	212) 506-1858 Area Code Daytime Te	Jephone Number
Enclos	ed is a check for the following amount:		
\$125.0	00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corporal Clifton Building 2661 Executive Central Landsec, FL 323	tions ter Circle

-II Fn

				Anna Pagago Compa
ARTIC	LES OF ORGANIZATION FO	RFLORIDALIM	† TTED LIAB	5 DEC 29 PM 5: 06
ARTICLE I - Name: The name of the Limited I	Liability Company is:		i. A į	ECH. STATE LAMASSEE PLERIDA
TURNBRIDGE AUSTIN	ILLC st end with the words "Limit	ed Liability Cor	npany, "L.I	.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	street address of the principal	office of the Li	mited Liabi	lity Company is:
Principal Office Address	<u>s:</u>	Mailing A	ddress:	
1691 Michigan Avenue Suite 445	-	1691 Mic Suite 445	higan Ave	nue
Miami Beach, Florida 3	3139		ach Florid	ia 33139
The name and the Florida		ation System		· .
	Nan	ne		
<u>.</u>	1200 South P Porida street address (P.O. B	ine Island Road ox <u>NOT</u> accept		
_	Plantation	FL	33324	
	City		Zip	
the place designated h	n this certificate, I hereby acc e to comply with the provision familiar with and accept the	ept the appointn is of all statutes	nent as regis relating to t	nove stated limited liability company a stered agent and agree to act in this the proper and complete performance s registered agent as provided for in
	C T Corporation System By:	Letemb	···	
-	Registered Agent's Sig	nature (REQUI)	RED)	
	-			
	(CONTIN	UED)		

Page 1 of 2

<u>fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Andrew Jobion
	1691 Michigan Avenue
	Miami Beach, Florida 33139
	·
· · · · · · · · · · · · · · · · · · ·	
EV: Effective date, if other than the date ctive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date crive date is listed, the date must be s f filing.) EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or
CV: Effective date, if other than the date retive date is listed, the date must be so filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or
CV: Effective date, if other than the date tive date is listed, the date must be so filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a number of a	pecific and cannot be more than five business days prior to or tember or an authorized representative of a member. 105.0203 (1) (b). Florida Statutes, the execution of this document
E V: Effective date, if other than the date crive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section of constitutes an affirmation unconstitutes and affirmation unconsti	pecific and cannot be more than five business days prior to or lember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document the penalties of periory that the facts stated herein are true.
E V: Effective date, if other than the date crive date is listed, the date must be so filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section on the constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or tember or an authorized representative of a member. 105.0203 (1) (b). Florida Statutes, the execution of this document
CV: Effective date, if other than the date tive date is listed, the date must be so filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section und constitutes an affirmation und I am aware that any false infe	pecific and cannot be more than five business days prior to or lember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document therefore the penalties of perjury that the facts stated herein are true. Immation submitted in a document to the Department of State any as provided for in s.817.155, F.S.)

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