# L21000494253

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 256095 7980158
AUTHORIZATION: Spelle man
COST LIMIT : \$ 125.00
ORDER DATE : November 18, 2021
ORDER TIME : 2:25 PM
ORDER NO. : 256095-005
CUSTOMER NO: 7980158
DOMESTIC FILING
NAME: JBJK BAY HARBOR, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX 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:

# **COVER LETTER**

TO:	New Filing Sec Division of Cor				
SUBJE		Harbor, LLC			
SOBIL	c	Name of I	Limited Liabil	ity Company	
The enc	losed Articles of	Organization and fee(s)	are submitted	l for filing.	
Please r	eturn all correspo	ondence concerning this	matter to the	following:	
	Yedidiah Bı	chwald			
			Name of	`Person	
			Firm/Co	mpany	
	1000 Collins	: Avenue			
			Addı	ress	
	Miami Beac	h Fl 33139			
	ybuchwald@;	gmail.com	City/State ar	d Zip Code	
	Ī	E-mail address: (to be us	ed for future a	annual report notificat	ion)
For furthe	r information co	ncerning this matter, ple	ase call:		
	Yedidiah Bu		646	541-4871	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for th	ne following amount:			
		□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address		Street Address	

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

A	R	П	CI	Æ	l -	Na	me:
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The name of the Limited Liability Company is:

e name of the Limited Liability Company is.	
JBJK Bay Harbor, LLC	
(Must conatin the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1000 Collins Avenue	1000 Collins Avenue
Miami Beach Fl 33139	Miami Beach Fl 33139
	<del>-</del>
TICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register.	
other business entity with an active Florida registration.)	issered Agent. Tou must designate an marriada or
ne Limited Liability Company cannot serve as its own Reg	

The name and the Florida street address of the registered agent are:

Name

1000 Collins Avenue
Florida street address (P.O. Box NOT acceptable)

Miami Beach FL 33139

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..

Yedidiah Buchwald

Registered Agent's Signature (REQUIRED

(CONTINUED)

### ARTICLE IV-

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

	Title:	Name and Address:		
	"AMBR" = Authorized "MGR" = Manager	Member		
	MGR	Vodidish Dushumld		
	SICIK	Yedidiah Buchwald 1000 Collins Avenue		
		Miami Beach Fl 33139		
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(If an eff the date ( <u>Note:</u> If	fective date is listed, the of filing.) If the date inserted in this	ther than the date of filing:	•	
ARTICI.	.E VI: Other provisions, i	fany,		
			<del></del>	
	REOUIRED SIGNATU	• 0		
		Medit		
	Si	gnature of a member or an authorized representative of a member.		
	This doo I am awa	cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S.		
	7	<u>'edidiah Buchwald</u> Typed or printed name of signee		
		Typed of printed name of signed		

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)