Corporations Of Corporations Of Corporations of Corporation of Cor

Florida Department of State

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To:

Division of Corporations

Fax Number : (85)

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

LIMITED LIABILITY COMPANY

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tj biscayne holdings, llc

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Certificate of Status	0
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Estimated Charge	\$ 155.00

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ARTICLES OF ORGANIZATION



FOR

TJ BISCAYNE HOLDINGS, LLC

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

TJ BISCAYNE HOLDINGS, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is: 173 Root Trail, Palm Beach, Florida 33480.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

The Company is to be managed by manger(s) of the Company. The initial manager of the Company is:

Tamara Fisher
173 Root Trail
Palm Blach, Florida 33480

Signature of a member of an authorized representative of a member

(In accordance with section of 408(3), Florida Statutes, the execution of this affidavit constitutes an attempation under the penalties of perjury that the facts stated herein are true.)

Tamara Fisher

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: TJ BISCAYNE HOLDINGS LLC
- 2. The name and the Florida street address of the registered agent are:

TAMARA FISHER

NAME

173 Root Trail
Florida street address (P.O. BOX NOT ACCEPTABLE)

Palm Beach, Florida 33480 CITY, STATE AND 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 postural as registered agent.

SIONATURE

Tamara Fisher

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