

L03000024695

03 JUN 30 PM 12: 53

RECEIVED FOR STAT  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200020888942

06/30/03--01066--015 \*\*125.00

AL

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

FILED  
03 JUN 30 PM  
TALLAHASSEE,

**SUBJECT:** JAY STREET MANAGEMENT, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM A. TYRRELL  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5246 SE ORANGE ST.  
(Address)

STUART, FL 34907-2445  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM A. TYRRELL at ( 772 ) 223-1681  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **JAY STREET MANAGEMENT, LLC**

03 JUN 30 PM 12: 53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5246 SE ORANGE ST.  
STUART, FL  
34997-2445

**Mailing Address:**

5246 SE ORANGE ST.  
STUART, FL  
34997-2445

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

WILLIAM A. TYRRELL  
Name

5246 SE ORANGE ST.  
Florida street address (P.O. Box **NOT** acceptable)

STUART, FL 34997-2445  
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 position as registered agent as provided for in Chapter 608, F.S..*

William A. Tyrrell  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

WILLIAM A. TYRRELL  
5246 SE ORANGE ST  
STUART, FL 34997-2445

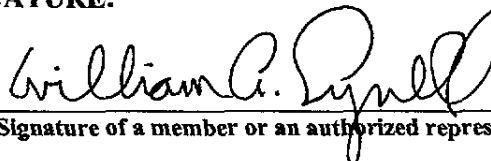
MGRM

COLIN W. TYRRELL  
3401 COURT DR  
STUART, FL 34997

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM A. TYRRELL

Typed or printed name of signer

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

FILED  
03 JUN 30 PM 1  
CLERK OF  
TALLAHASSEE, FL