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·	* 1.
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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COVE	R LETTER
TO: Registration Section Division of Corporations	
SUBJECT: BRJLC, LLC (Name of Limite	ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Bonnie Jenkins	
	(Name of Person)
Boca Raton Jewish Learning 0	Center
	(Firm/Company)
19801-6 Hampton Drive	
	(Address)
Boca Raton, FL 33433	
(Cit	y/State and Zip Code)
For further information concerning this matter, please	e call:
Bonnie Jenkins	at (561) 883-5439
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ıy is: .		
BRJLC, LLC		·	
(Must end with the words "Limited Liability Company,"	'Limited Company' or their abbreviation "LLC,"	or "L.C.,")	
ARTICLE II - Address:			
The mailing address and street address of t	he principal office of the Limited Lia	bility Company	is:
Principal Office Address:	Mailing Address:		
19801-6 Hampton Drive	19801-6 Hampton Drive		
Boca Raton, FL 33433	Boca Raton, FL 33433		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individ	lual or another	
Bonnie Jenkins		FEB 27 Charlass	n
7	Name	B 27 PI 3: 01	FILED
19801-6 Hampton Driv	/e	E E	O
Florida stre	et address (P.O. Box NOT acceptable)	H 3: 01 FLORIDA	
Boca Raton, FL 33433	FL		
City, S	tate, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGRM	MGRM Bonnie Jenkins 19801-6 Hampton Drive			
	Boca Raton, FL 33433			
				
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than telescopies (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (0	OPTION siness de		rior
REQUIRED SIGNATURE:		SEC	06 (
13.	4.6	AHA	FEB 27	-27
Signature of a prem	ther or an authorized representative of a member.	ASSEE,		FILE
of this document co	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury d herein are true.)	PE FLOR	PM 3: 0	.ED
Bonnie Jenkins	,	Adis	10	
	Typed or printed name of signee			

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)