P. 01

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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TOI

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (212)431-5000

Fax Number

: (212)431-1441

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

P11	244
PEST	Address:

FLORIDA LIMITED LIABILITY CO.

Jimmy Jazz at Tyrone Square, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax: 888-692-9256

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:			
Jimmy Jazz at Tyrono Square, LLC				
ARTICLE II - Address: The mailing address and street address of the p	rincipal office	of the Limited Liabil	lity Company is	i:
Principal Office Address:	Mailing Ad	l <u>dress:</u>		
6901 Tyrone Square, Sulte 654B St. Petersburg, FL 33710	6901 Tyrone St. Petersbur	Square, Suite 854B g, FL 33710		
ARTICLE III - Registered Agent, Registere	d Office, & R	egistered Agent's Si	gnature: 5	DIVIS SE
The name and the Florida street address of the	registered age	nt are:	SEP	
BLUMBERGEXCELSIOR CO	RPORATE SEF	RVICES, INC.	22	三
Name	8		2	39E
515 EAST PA	RK AVE.		ထု	
Florida street ad	idress (P.O. Box	NOT acceptable)	5	JE 3
TALLAHASSEE	FL	32301		*
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..

Registered Agent's Signature

Marc Moel, Assistant Secretary

(CONTINUED)

authorized representative of a member.

Fax: 888-692-9256

<u>Fitle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
IGRM	GROUP JJ LLC 43 Hall Street Brooklyn, NY 11205
<u></u>	
Use attachment if necessary)	

Filing Feest

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Signature of a member or ag

5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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(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.)

Yvellase Cruz, Organizer
Typed or primed name of signee

DIVISION OF CORPORATION

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