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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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To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please refile original filing
date of submission 4/16

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

Email Address: _____

REC'D
15 APR 17 AM 10:00
BUREAU OF CORPORATE
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
JJ21st Street, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04/5
Estimated Charge	\$155.00

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1 APR 20 2015
D. BRUCE



April 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

Please re-submit original filing
date of submission 4/16

SUBJECT: JJ21ST STREET, LLC
REF: W15000026844

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the entity's complete mailing address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000093811
Letter Number: 915A00007697

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BUREAU OF CORPORATIONS
INFORMATION SERVICES

4/17/2015 10:26:14 AM From: To: 8506176383(3/5)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JJ 21st Street, 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:

MIRIAM BLEMUR
Name of Person

MUCHNICK, GOLIEB & GOLIEB, P.C.
Firm/Company

200 PARK AVENUE SOUTH, SUITE 1700
Address

NEW YORK, NEW YORK 10003
City/State and Zip Code

MBLEMUR@MGGPCLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Blemur at (212) 315 5575
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, 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
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JJ 21st Street, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

182 Grand Street, 4th Floor

New York, NY 10014

Attn: Jeffrey Dagowitz

Mailing Address:

c/o Muchnick, Gollub & Gollub, P.C.

200 Park Avenue South, Suite 1700

New York, New York 10003

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

City

FL 33324

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.

Connie Bryan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jeffrey Dagowitz

182 Grand Street, 4th Floor

New York, NY 10014

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Miriam Blemur

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Miriam Blemur

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)

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