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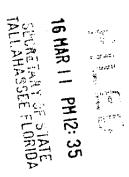
(Re	questor's Name)	
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COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	TYJ Sunny Isles, LLC		
SUBJECT		f Limited Liabil	ity Company
The enclose	ed Articles of Organization and fee(s	s) are submitted	for filing.
Please retu	n all correspondence concerning thi	s matter to the	ollowing:
	Jason Zielinski, Esq.		
		Name of	Person
	Zielinski & Associates, PA		
		Firm/Co	mpany
	800 E. Broward Blvd. Suite 702		
		Addr	ess
	Fort Lauderdale, FL 33301		
		City/State an	d Zip Code
<u></u>	zielinski@zielinski-associates.com	read for future o	innual report notification)
Dan Carlana In			minual report normeation)
ror luriner in	formation concerning this matter, p	ease call:	
	Jason Zielinski Esq.	954 ! (524-6131
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	_	Certifi	\$160.00 Filing Fee, ed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited 1	Liability Company is:			
TYJ Sunny Isl				
(Mu	st end with the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal o	ffice of the Limi	ted Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
3525 NE 163r North Miami	d St Beach, FL 33181		525 NE 163rd St Jorth Miami Beach, FL 33181	
(The Limited Liability Co	ed Agent, Registered Office, mpany cannot serve as its own ith an active Florida registratio	Registered Age	gent's Signature: nt. You must designate an individ	ual or
The name and the Florida	street address of the registered	agent are:		A A
	Jason Zielinski, Esq.			to a
		Name		2 P
	800 E. Broward Blvd	l. Suite 702		PH 12: 36
	Florida street address	s (P.O. Box <u>NO</u>	[acceptable)	REA 36
	Fort Lauderdale	FL	33301	Pm o.
	City	State	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..

(CONTINUED)

egistered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR / MGR	Paige Held	
	3525 NE 163rd St	
	North Miami Beach, FL 33181	
AMBR / MGR	Catherine DeFrancesco	
	3525 NE 163rd St	
	North Miami Beach, FL 33181	
	-	
		
effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90	days
CLE V: Effective date, if other than the deeffective date is listed, the date must be the of filing.)	specific and cannot be more than five business days prior to or 90	<u> </u>
CLE V: Effective date, if other than the deeffective date is listed, the date must be the of filing.) If the date inserted in this block does not cument's effective date on the Department.	t meet the applicable statutory filing requirements, this date-will not of State's records.	<u> </u>
CLE V: Effective date, if other than the deffective date is listed, the date must be to of filing.) If the date inserted in this block does no cument's effective date on the Departme	t meet the applicable statutory filing requirements, this date-will not of State's records.	16 MAR II PHI
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CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.) If the date inserted in this block does no cument's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any far	t meet the applicable statutory filing requirements, this date-will not of State's records.	16 MAR 1 PH 12: 3
CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.) If the date inserted in this block does no cument's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any far	t meet the applicable statutory filing requirements, this date-will not not of State's records. Remember or an authorized representative of a member. Evented in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	16 MAR 1 PH 12: 3
CLE V: Effective date, if other than the date effective date is listed, the date must be de of filing.) If the date inserted in this block does not cument's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of this document is exelled an aware that any factors at third degree of the constitutes a third degree of the constitutes at the co	t meet the applicable statutory filing requirements, this data-will not not of State's records. The member of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	16 MAR 1 PH 12: 3

Page 2 of 2