Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000049662 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BRINKLEY, MORGAN

Account Number: 076077003213 Phone : (954)522-2200

: (954)522-9123 Fax Number

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

Email	Addross:	

FLORIDA LIMITED LIABILITY CO.

Jensen ST 1, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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FEB 2 2 2017

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations	H17000049662
SUBJE	Junsen ST 1, LLC	
30.042	Name of Limited Liability Company	_ -
The encl	iosed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	William T. Coleman	
	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Brinkley Morgan	
	Pirm/Company	
	200 East Las Olas Blvd., 19th Floor	
	Address	
	Fort Unuderdale, FL 33301	
	City/State and Zip Code william.coleman@brinkleymorgan.com	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Williath T. Coleman 954 522-2200	
	Name of Person Area Code Daylime Telephone Number	
Enclosed	is a check for the following amount:	
	Filing Pec \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified	Filing Fee, to of Status & Copy copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

	FORGANIZATION FOR	FLORIDA LIMITEDI	JABILITY COMPANY	H1700004 9662 3
ARTICLE 1 - Name: The name of the Limited Liability	ly Company is:			H170000496623 F/
Jenson ST 1, LLC				
(Must cont	sin the words "Limited .	Liability Company, "	'L.L.C.," or "LLC.")	•, •
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited 1	Liability Company is:	
<u>Princip</u>	al Office Address		Mailing Address:	
3100 N. Ocean Blvd Fort Lauderdale, FL				
AUTICI F III - Devistaged And	ant Dagistaved Office	& Danistarad Associ	ele Gionneture:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent. Y		al or
(The Limited Liability Company	cannot serve as its own active Florida registratio	Registered Agent. Y		al or
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registratio	Registered Agent. Y m.) i agent are:		al or
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. Y m.) i agent are:		al or
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. Y m.) I agent are: . <u>Srinkley Morgan</u> Name		al or
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered William T. Coleman,	Registered Agent. Y m.) i agent are: . <u>Srinkley Morgan</u> Name	ou must designate an Individu	al or
(The Limited Liability Company another business entity with an a	veannot serve as its own active Florida registration address of the registered William T. Coleman, 200 E. Las Olas Blyd	Registered Agent. Y m.) i agent are: . <u>Srinkley Morgan</u> Name	ou must designate an Individu	al or
(The Limited Liability Company another business entity with an a	veannot serve as its own active Florida registration address of the registered William T. Coleman, 200 E. Las Olas Blyd Florida street address	Registered Agent. Ym.) i agent are: . <u>Brinkley Morgan</u> Name I., 19th Floor s (P.O. Box <u>NOT</u> act	ou must designate an Individu	ai or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

1:1

Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Susun A. Thomas, Trustee of the Susan A. Thomas
	Revocable Trust, 3100 N Ocean Blvd. # 2010,
	Fort Lauderdale, FL 33308
<u> </u>	
	-
EV: Effective date, if other than the date edited at the specific date is listed, the date must be specifically.	occific and cannot be more than five business days prior to or 9
f filing.)	neet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the date entire date is listed, the date must be spif filing.) the date inserted in this block does not next's effective date on the Department	neet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the date eitive date is listed, the date must be sp filling.) the date inserted in this block does not nent's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date effice date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date effective date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical amage and a mathematical amage and the date of the date	meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date efficiency, the date must be sprilling.) the date inserted in this block does not bent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical and aware that any fals	meet the applicable statutory filing requirements, this date will not of State's records. The state of a member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, in information submitted in a document to the Department of State in fellow as provided for in \$817,155, F.S.

H17000049662 3