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SECRETARY OF STATE ALLAHASSEE, FLORIDA

03/06/17

COVER LETTER

	lew Filing Se Pivision of Co					
SUBJECT	r:T	J Star, LLC				
Name of Limited Liability Company						
The enclos	sed Articles o	of Organization and fee((s) are submitted for filing.			
Please retu	ırn all corres	pondence concerning th	nis matter to the following:			
		Ana June	ja			
			Name of Person			
	Firm/Company					
		4024 PAF	RK EAST COURT SE, STE D			
			Address			
		GRAND	RAPIDS, MI 49546			
			City/State and Zip Code			
	·	anajuneja	@gmail.com			
		E-mail address: (to be	used for future annual report notification)			
For further i	nformation c	oncerning this matter, p	please call:			
	A	na Juneja 🦼	at 616) 666-0877			
	Nai	me of Person	Area Code Daytime Telephone Number			
Enclosed is	s a check for	the following amount:				
\$125.00 F		\$130.00 Filing Fee Certificate of Status				
	New Divis P.O.	ing Address Filing Section ion of Corporations Box 6327 hassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	,				
The name of the Limited Liability	Company is:				
TJ Sta	rHC				
		ility Com	pany, "L.L.C.," or "LLC.")		
,		, 00	pany, inner or inner,		
ARTICLE II - Address: The mailing address and street address	dress of the principal office	of the Li	mited Liability Company is:		
-					
	Office Address:		Mailing Address:		
2205 S Surf Rd, Unit 4B			4024 PARK EAST COURT SE		
Hollywood, FL 33019	9	_	STE D GRAND RAPIDS, MI 49546		
		-	CHARD HALIDS, MIL 48340		
The name and the Florida street ac	Ana Juneja	<u>a</u>			
	Name				
	2205 S Surf				
	Florida street address (P.	O. Box <u>N</u>	(OT acceptable)		
	Hollywood,	FL	33019		
	City	State	Zip		
lace designated in this certificate, I wither agree to comply with the pro	hereby accept the appointn visions of all statutes relativ gations of my position as re	nent as re ig to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S		
			Signature (REQUIRED)		

(CONTINUED)

MAR -2 AMII: I

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Tanya Juneja 4024 PARK EAST COURT SE, Suite D GRAND RAPIDS, MI 49546 AMBR Ana Juneja 4024 PARK EAST COURT SE, Suite D GRAND RAPIDS, MI 49546 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Ana Juneja 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)

ARTICLE IV-