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	☐ WAIT	
(Business Entity Name)		
(0-	- A N	
(De	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: _ C. J. Properties 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:		
Tina F. Klein Name of Person		
Masotti a Masotti LLC Firm/Company		
1100 Summer Street		
Stamford CT 06905		
City/State and Zip Code Jill. to masclo @ yaho. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tine Klein at (203) 323-1191 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}}		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

MASOTTI & MASOTTI

CERTIFIED PUBLIC ACCOUNTANTS

1100 SUMMER STREET STAMFORD, CONNECTICUT 06905-5534 TELEPHONE (203) 323-1191 FACSIMILE (203) 324-3607

TELECOPIER COVER LETTER

TO:	FROM:
Jessia Fason	Tina Klein
FAX 850-245-6804	DATE: 4/5/17
TELEPHONE:	TIME:
	TOTAL NO. 4
RE: CJ Star Propertie.	sill
URGENT FOR REVI	
Thank you, Jess	sica 1

This message contains information that may be confidential and privileged. Unless you are the addressee, you may not use, copy, print, or disclose to anyone this message. If you have received this message in error, please advise the sender immediately.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2017

TINA F. KLEIN 1100 SUMMER ST STAMFORD, CT 06905

SUBJECT: C.J. PROPERTIES LLC Ref. Number: W17000012205

We have received your document for C.J. PROPERTIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 817A00002752

As per your Suggestion, we are resubmitting the Paperwork with The new name. I called to confirm that the name was available. Thank you!

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:			~	
The name of the Limited Liability Company is:	C.J.	Star	Properties	LLC
1. J. Prope				
(Must end with the words	'Limited Liab	ility Company	"LL.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:	Mailing Address:
III Estra Mita Drive	34 Lake Drive
Pt. 11124615 Cla 12. TL 37931	

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 Plorida street address of the registered agent are:

Jill Tomasello

Namo

111 Estrellita Drive

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

Ft. Meyers Beach FL 33931

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 603, P.S.

Regislered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Mile: "AMBR" = Authorized Member	Name and Address:				
"MOR" = Manager MGR AMBR	Jill Tomasello III Estrellita Drive Et. Meyers Beach, FL 33931 Cynthia Potter 34 Lake Drive Darien CT 06820				
(Use attachment if necessary)					
the date of filing.)	cific and cannot be more than five business days prior to or 90 days after test the applicable statutory filing requirements, this date will not be listed as				
REQUIRED SIGNATURE:	M. Tomaelle				
This document is execute I am aware that any false	nber or an authorized representative of a member. Id in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State follows as provided for in s.817.155, P.S.				
X JILL 1	N. TOMASELLO Trond or printed name of signed				

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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)