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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

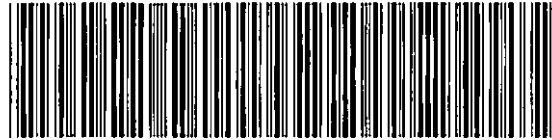
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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE: 11/30/17**

**NAME: TBIPJG, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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17 NOV 30 PM 2:45

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TBIPJG, 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:

JONATHAN A. GRUTMAN

Name of Person

Firm/Company

275 MADISON AVENUE, STE 1200

Address

NEW YORK, NY 10016

City/State and Zip Code

JAG@DAVISGRUTMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN A. GRUTMAN 212 953-2900  
Name of Person at ( ) 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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TBIPJG, LLC

(Must contain 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:

Mailing Address:

275 MADISON AVENUE, STE 1200  
NEW YORK, NY 10016

275 MADISON AVENUE, STE 1200  
NEW YORK, NY 10016

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:

PARACORP INCORPORATED

Name

155 OFFICE PLAZA DRIVE, 1ST FLOOR

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

TALLAHASSEE      FLORIDA      32301

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.*

Please see attached

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

MGR/AMBR

Name and Address:

TAYLOR BRUGNA

275 MADISON AVENUE, STE 1200

NEW YORK, NY 10016

AMBR

JONATHAN A. GRUTMAN

275 MADISON AVENUE, STE 1200

NEW YORK, NY 10016

AMBR

IAN PEYSER

275 MADISON AVENUE, STE 1200

NEW YORK, NY 10016

(Use attachment if necessary)

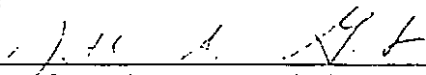
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

JONATHAN A. GRUTMAN

\_\_\_\_\_  
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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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

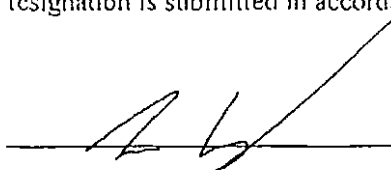
DATE: 11/30/2017

ENTITY NAME: TBIPJG, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

  
Milton Vong, Assistant Secretary  
Paracorp Incorporated

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