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хх	CERTIFIED COPY			
	РНОТОСОРУ			
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xx	FILING	LLC		
	JEN FLORIDA 35, LLC			
	(CORPORATE NAME AND DOCU	MENT #)		2 6
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-	(CORPORATE NAME AND DOCU	MENT #)		

## COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	JEN Florida 35, LLC			
44,202		of Limited Liah	ility Company	
The enc	losed Articles of Organization and fee	(s) are submitte	d for filing.	
	eturn all correspondence concerning t			
	Kristy Horan			
		Name o	f Person	- 62
	Godbold, Downing, Bill & Rentz,	, P.A.		
		Firm/Co	onipany	- 70
	222 W. Comstock Avenue, Suite	101		
		Addr	css	- (0)
	Winter Park, FL 32789			e Q
	khoran@gdb-law.com	City/State an	d Zip Code	_
	E-mail address: (to be	used for future a	nnual report notification)	-
For further	information concerning this matter, p	lease call:		
	Kristy Horan	407	647-4418	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed i	s a check for the following amount:		•	
\$125.00 F		Certifie	Filing Fee & S160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D C 20	treet Address  ew Filing Section  ivision of Corporations  liften Building  601 Executive Center Circle  ullahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

JEN Florida 35, I						
(Must c	ontain the words "Limit	ed Liability Co	mpany, "L.L.C.," or "LLC."	')	_	
ARTICLE II - Address: The mailing address and stree	et address of the principe	l office of the I	imited Liability Company i	s:		
<u>Prin</u>	cinal Office Address:		Mailing A	Address:		
1750 W. Broadwa Suite 11!	y		1750 W. Broadway			
Ovicdo, FL 32765			Suite 111 Oviedo, FL 32765			
(The Limited Liability Compa another business entity with a The name and the Florida stre	ii nettve riotida fegistral	ion.)	igent. You must designate a	n individual or		5 FOR -5
		Name		-		3
	1750 W. Broadway	Suite [1]				્રિ
	Florida street addre		OT acceptable)	=	ę	5,
	Oviedo	FL	32765		٠.	• •
	City	State	Zip	•		
l laving been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the a	provisious of all statutes abligations of my position	relating to the p	gistered agent and agree to a	et in this capacity		

(CONTINUED)

Title:		Name and Address:
"AMBR" $=$ Au	thorized Member	
"MGR" = Man MGR	ager	
MOK	<del></del>	JEN 6 LB LLC
		680 Fifth Avenue, 25th Floor New York, NY 10019
		NGW 101K, NY 10019
		2°
		*
<u></u>	<del></del>	
	<del></del>	
•		
: V: Effective d	late, if other than the	date of filling:
V: Effective detive date is list filing.)	late, if other than the ted, the date must b	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 d  not meet the applicable statutory filing requirements, this date will not be ent of State's records.
filing.) he date inserted	late, if other than the ted, the date must be in this block does redate on the Departm	e specific and cannot be more than five business days prior to or 90 d
V: Effective detive date is list filing.) he date inserted out's effective	late, if other than the ted, the date must be in this block does a date on the Departmentations, if any.  JEN 6 LB LLC.	e specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be ent of State's records.  a Delaware limited liability company
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)