

L19000247365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

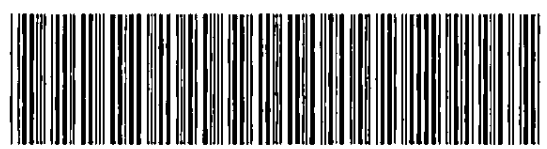
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700335700227

10/14/19--01003--004 **160.00

19 OCT 11 PM 3:46

FILED
2019 OCT 11 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2019

K. Brumby

GRAY | ROBINSON
ATTORNEYS AT LAW

301 SOUTH BRONOUGH STREET
SUITE 600
POST OFFICE BOX 11189 (32302-3189)
TALLAHASSEE, FLORIDA 32301
TEL 850-577-9090
FAX 850-577-3311

BOCA RATON
FORT LAUDERDALE
FORT MYERS
GAINESVILLE
JACKSONVILLE
KEY WEST
LAKE LAND
MELBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE
TAMPA
WASHINGTON, DC
WEST PALM BEACH

October 11, 2019

E-MAIL ADDRESS
mwilkinson@gray-robinson.com

VIA HAND DELIVERY

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

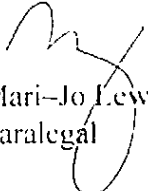
Re: BBJS, LLC
Our File No. 7-66

Dear Madam or Sir:

Enclosed for filing is an original and two (2) copies of the Articles of Organization of BBJS, LLC. **Please file these Articles and issue a Certified Copy and a Certificate of Status.** A check in the amount of \$160.00 is enclosed. Upon receipt of this request, please date-stamp the second copy of the articles attached, and call me when the certified copy and certificate of status are ready for pick-up.

Thank you for your assistance in this matter.

Sincerely,


Mari-Jo Lewis-Wilkinson
Paralegal

Enclosures

38373935 v1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BBJS, 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:

John T. Kinsey
Name of Person
Twin Creeks Development Associates, LLC
Firm/Company
One Town Center Road, Suite 600
Address
Boca Raton, Florida 33486
City/State and Zip Code
Jtk@tcdevelopment.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John T. Kinsey at (561) 289-8552
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BBJS, 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:

One Town Center Road
Suite 600
Boca Raton, FL 33486

One Town Center Road
Suite 600
Boca Raton, FL 33486

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:

John T. Kinsey

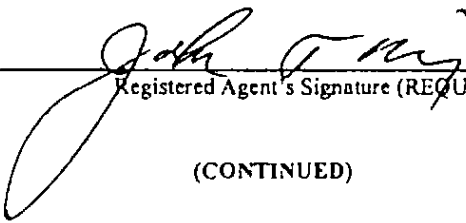
Name

One Town Center Road, Suite 600

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

<u>Boca Raton</u>	<u>Florida</u>	<u>33486</u>
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2019 OCT 11 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

John T. Kinsey

One Town Center Road, Suite 600

Boca Raton, FL 33486

(Use attachment if necessary)

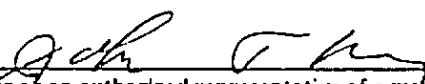
ARTICLE V: Effective date, if other than the date of filing: October 11, 2019 (OPTIONAL)

(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 of 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.

John T. Kinsey

Typed or printed name of signer

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)