

L19000247365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

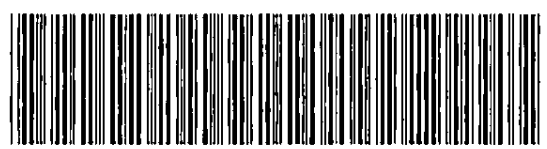
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 14 2019

K. Brumby

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ATTORNEYS AT LAW

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October 11, 2019

E-MAIL ADDRESS  
[mwilkinson@gray-robinson.com](mailto:mwilkinson@gray-robinson.com)

**VIA HAND DELIVERY**

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

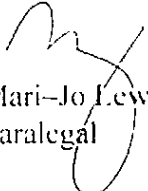
Re: BBJS, LLC  
Our File No. 7-66

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

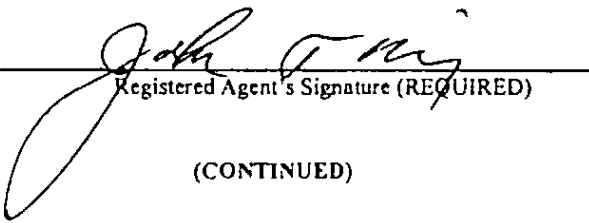
Name

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)

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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

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(Use attachment if necessary)

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

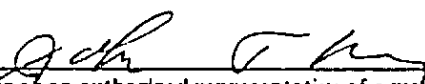
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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)