

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L20000098435**

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLOMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 373750000353  
Phone : (850) 221-2972  
Fax Number : (718) 869-7426

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

TJS Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

2020 APR -8 PM 12: 05

FILED  
TALLAHASSEE, FL 32304

2020 APR -8 PM 12: 22

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TJS Properties, LLC

(Must end with 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:1650 N. 42nd Circle #103  
Vero Beach, FL 3296759 Howton Ave.  
Staten Island, NY 10308

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Thomas P. Shashaty

Name

1650 N. 42nd Circle #103Florida street address (P.O. Box ~~NOT~~ acceptable)Vero BeachFL32967

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 062, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

2020 APR-8 PM 12:22



April 6, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLUMERG/EXCELSIOR

SUBJECT: T16 PROPERTIES, LLC  
REF: W20000035081

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If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E. Rico  
Regulatory Specialist II  
New Filing Section

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