

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11200000937973)))



H200000937973AEC4

Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Bodium: Name : SIGMBORS/EMCELSION CORECRATE SERVICES, INC.

Account Number : 273759900353 : (800)221-2972 Phone : (718)889-7420 Car Number

\*\*Three the enail address for this obsides entity to be used for fundee annual report mailings. Enter only one small address playse.\*\*

and the state of the same of the same and the same of the same of

## FLORIDA LIMITED LIABILITY CO.

TJS Properties, LLC

A TATALLE STATISTICAL STATISTI	MANAGEMENT OF THE PROPERTY OF THE PARTY OF T
Certificate of Status	0
Certified Copy	()
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Mona — Corporate Filing Memi-

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TJS Properties,	LLC		
(Must an	d with the words "Limited	Liability Company	,"L.L.C.," or "LLC.")
ARTICLE U - Address			
The mailing address and since	address of the principal of	tice of the Lumited	Liability Company is:
Princ	ipal Office Address:		Maillag Address:
1650 N. 42nd Circ	L. 4(A)	รอ ผ	owton Ave.
	に ペレンコ		U
Vero Beach, FL 3  ARTICLE III - Registered A  The Limited Liability Compa	gent, Registered Office, d ty cannot serve as its own	Sustement Ageu  Registered Agent. 1	n Island, NY 10308
Very Beach, FL 3  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, d ny cannot serve as its own n active Florida registration	Sustemed Agest No.)	n Island, NY 10308
Very Beach, FL 3  ARTICLE III - Registered A (The Limited Liability Compa unother business entity with a	gent, Registered Office, d ny cannot serve as its own n active Florida registration	Size  Registered Agent. '  1.)  agent we:	n Island, NY 10308
Veru Beach, FL 3  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, d ty cannot serve as its own n active Florida registration n address of the registered	Sustemed Agest No.)	n Island, NY 10308
Veru Beach, FL 3  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, d ty cannot serve as its own n active Florida registration n address of the registered	Sign Registered Agent. V  A.)  agent we:  Name	n Island, NY 10308
Very Beach, FL 3  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, day cannot serve as its own a active Florida registration anddress of the registered Thomas P. Shashaty	Size  Registered Agent. V  A.)  agent we:  Name	et Island, NY 10308  et's Signature: You must designate an individual
Vero Beach, Ft. 3  ARTICLE III - Registered A	gent, Registered Office, day cannot serve as its own a active Florida registration anddress of the registered Thomas P. Shashaty  1050 N. 42nd Circle 1	State  & Registered Agent. Vol.)  sgent are:  Name  #103  (P.O. Box SOT a	et Island, NY 10398  et's Signature: You must désignate an individual

Having been named as registered agent and to accept service of process for the above stated amiled (above allowing company in 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 002, F.S.

Registered Agent's Signature (REQUIRED)

Page Lof 2

(CONTINUED)

"ANBR" * Authorized Member	Name and Address:
"MGR" = Manager	The company by Characteristics
AMBR	Thomas I'. Shashaty  59 Howton Ave
	Staten Island NY 10308
	Control (14 1 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1
AMBR	Jennifer Shushaty
A STATE OF THE PARTY OF THE PAR	S9 Howion Ave
	Staten Island NY 10308
	tus ensemble us a spirite en many stiff als a may be que mismissible quis a que o a augustifique a materia depumentar en en priso 1931 a
	taking a hamanan ya miliandika ay ay mining magapapan ay ma ay ma ay
	The statement of the contract of the statement of profession and the statement of the state
effective date is listed, the date must be spe te of illing.)	of filing:
CLE V: Effective date, if other than the date offective date is listed, the date must be spete of illing.) If the date inserted in this block does not me	cilic and cannot be more than five business days prior to ur 90 days wet the applicable statutory filing requirements, this date will not be i
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of illing.)	cilic and cannot be more than five business days prior to ur 90 days wet the applicable statutory filing requirements, this date will not be i
CLE.V: Effective date, if other than the date offective date is listed, the date must be spette of (illing.)  If the date inscript in this block does not mecument's effective date on the Department of	cilic and cannot be more than five business days prior to ur 90 days wet the applicable statutory filing requirements, this date will not be i
CLE V: Effective date, if other than the date of effective date is listed, the date must be spette of illing.)  if the date inserted in this block does not mecument's effective date on the Department of CLE VI: Other provisions, if any.	cilic and cannot be more than five business days prior to ur 90 days wet the applicable statutory filing requirements, this date will not be i
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filling.)  If the date inserted in this block does not mecument's offective date on the Department of CLE VI: Other provisions, if any.  REQUERED SIGNATURE:	cilic and cannot be more than five business days prior to ur 90 days wel the applicable statutory filing requirements, this date will not be l if State's records.
CLE V: Effective date, if other than the date offective date is listed, the date must be spete of filling.)  If the date inserted in this block does not microment's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed any wave that any false.	cilic and cannot be more than five business days prior to ur 90 days wet the applicable statutory filing requirements, this date will not be i
CLE V: Effective date, if other than the date of effective date is fisted, the date must be spete of filling.)  If the date inserted in this block does not mecument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed any sware that any false.	well the applicable statutory filing requirements, this date will not be lef State's records.  The applicable statutory filing requirements, this date will not be left State's records.  The applicable statutory filing requirements, this date will not be left State of State and State of the applicable state of the Department of State of clony as provided for in \$817.155, F.S.
CLE V: Effective date, if other than the date offective date is listed, the date must be spete of filling.)  If the date inserted in this block does not miscument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	well the applicable statutory filing requirements, this date will not be it State's records.  The applicable statutory filing requirements, this date will not be it State's records.  The applicable statutory filing requirements, this date will not be it state of S

Page 2 of 2

.\_\_\_\_. . .....

1868-11**0**-968



April 6, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

BLUMERG/EXCELSIOR

SUBJECT: TJS PROPERTIES, LLC

REF: W20000035081

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not most legibility requirements for electronic filing. Please do not strempt to refax this document until the quality has been improved.

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

Carlos E Rico Regulatory Specialist II New Filing Section FAX Aud. #: 820000093797 Letter Number: 420A00007324