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.

Electronic Filing Cover Sheet

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

 G_{i}

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Estimated Charge

Account Number: FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

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. TJ West Boca LLC

Certificate of Status 0 Certified Copy 0 03 Page Count

Electronic Filing Menu

Corporate Filing Menu

Help

\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TJ West Boca LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal of Principal Office Address:	office of the Limited Liability Company is: Mailing Address:
, ,	• • •

The name and the Florida street address of the registered agent are:

CT Corporation System

Pairo

1200 South Pine Island Road

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

Plantation FI, 33324

Cly 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 his 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 Opp 605, ISS

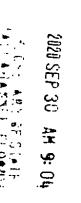
C T Corporation System

James M. Halpin

Assistant Secretary

Registered Agent's Signature REQUIRED

(CONTINUED)



ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
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		-
		
		- -
(Use attachment if necessary)		
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CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.) If the date inserted in this block does not a	secific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no	•
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