

9/13/2021

Division of Corporations

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

**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.

(((H210003392353)))



H210003392353ABC

**Note: DO NOT hit 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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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. TT JONES PROPERTIES, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

((H21000339235 3)))

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

TT JONES PROPERTIES, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

6450 COVEWOOD DRIVE  
SPRING HILL, FLORIDA 34609

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

TRAN TUAN JONES  
6450 COVEWOOD DRIVE  
SPRING HILL, FLORIDA 34609

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, FLORIDA STATUTES.

DATED: 9/13/21

TRAN TUAN JONES  
TRAN TUAN JONES

((H21000339235 3)))

((H21000339235 3)))

**ARTICLE IV – MANAGEMENT AND MEMBERS**

THE NAME AND ADDRESS OF EACH MANAGER, MANAGING MEMBER, OR MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS:

TRAN TUAN JONES  
6450 COVEWOOD DRIVE  
SPRING HILL, FLORIDA 34609

DATED: 9/13/21

  
TRAN TUAN JONES

FILED  
2021 SEP 14 PM 1:44  
TALLAHASSEE, FL

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

((H21000339235 3)))