

L22000498709

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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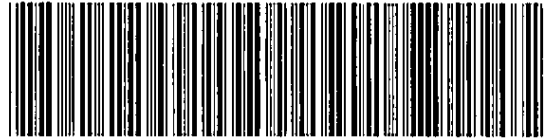
(Business Entity Name)

(Document Number)

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S. CHATHAM
NOV 30 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2 NOV 29 PM 11:29

2022 NOV 29 PM 3:39

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: JEN Florida 50 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:

Kristy Horan
Name of Person
Godbold, Downing, Bill & Rentz, P.A.
Firm/Company
222 W. Comstock Avenue, Suite 101
Address
Winter Park, FL 32789
City/State and Zip Code
khoran@gdb-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Horan at (407) 647-4418
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

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 11/29

XX CERTIFIED COPY _____

PHOTOCOPY _____

CUS _____

XX FILING

LLC

1. JEN FLORIDA 50 LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEN Florida 50 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:

1750 W. Broadway

Suite 111

Oviedo, FL 32765

Mailing Address:

1750 W. Broadway

Suite 111

Oviedo, FL 32765

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:

Richard A. Jerman

Name

1750 W. Broadway, Suite 111

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

Oviedo

FL

32765

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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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:

JEN 8 LB LLC

680 Fifth Avenue, 25th Floor

New York, NY 10019

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 or 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.

*See attached Signature Page

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)

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DIVISION OF CORPORATE FILINGS

Signature Page
To
Articles of Organization

JEN 8 LB LLC, a Delaware limited liability company

BY: JEN 8 LP, a Delaware limited partnership,
Its co-manager

By: JEN 8 GP LLC, a Delaware limited
Liability company, its general partner

By: 
Name: Ethan Leibowitz
Its: President

BY: JEN 8 Carry LLC, a Delaware limited
Liability company, its co-manager

BY: JEN 8 Funding B LLC, a Delaware
Limited liability company, its co-
managing member

By: JEN 8 Parallel Fund LP, a
Delaware limited partnership, its
Member

By: JEN 8 GP LLC, a Delaware
limited liability company,
its general partner

By: 
Name: Ethan Leibowitz
Its: President

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STATE OF DELAWARE
DIVISION OF CORPORATE AND
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