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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	

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CORPORATE ACCESS, ____

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 8/8 XXCERTIFIED COPY **PHOTOCOPY CUS** LLC $\mathbf{X}\mathbf{X}$ FILING JENN TAMPA 9 LLC 1. (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:**

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	JEN Tampa 9 LLC		
		ne of Limited Liab	ility Company
The en	closed Articles of Organization and :	fee(s) are submitte	ed for filing.
	return all correspondence concerning		
	Kristy Horan		
		Name o	of Person
	Godbold, Downing, Bill & Ren	tz, P.A.	
		Firm/C	ompany
	222 W. Comstock Avenue, Suit	c 101	
		Add	ress
	Winter Park, FL 32789		_
	khoran@gdb-ław.com	City/State ar	nd Zip Code
	E-mail address: (to b	e used for future	annual report notification)
or furthe	r information concerning this matter	, please call:	
	Kristy Horan	407 at (647-4418
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount	:	
	Filing Fee S130.00 Filing Fe Certificate of Stat	e & S155.0	00 Filing Fec & S160.00 Filing Fec, ed Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JEN Tampa 9 LLC	c		
(Must co	ontain the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	t address of the principal	office of the Limited	d Liability Company is:
	ipal Office Address:		Mailing Address:
1316 West Swann	Avenue		6 West Swann Avenue
Tampa, FL 33606		Тап	npa, FL 33606
The name and the Florida stree	ii active Florica registrati	n Registered Agent." on.)	You must designate an individual or
another business entity with a	ny cannot serve as its ow n active Florida registrati	n Registered Agent." on.)	You must designate an individual or
another business entity with a	ny cannot serve as its ow n active Florida registrati et address of the registere	n Registered Agent. on.) d agent are: Name	You must designate an individual or
another business entity with a	ny cannot serve as its own active Florida registration address of the registere Matt O'Brien 1316 West Swann A	n Registered Agent. on.) d agent are: Name	You must designate an individual or
another business entity with a	ny cannot serve as its own active Florida registration address of the registere Matt O'Brien 1316 West Swann A	n Registered Agent. on.) d agent are: Name	You must designate an individual or
another business entity with a	my cannot serve as its own active Florida registrative address of the registere Matt O'Brien 1316 West Swann A Florida street address	n Registered Agent. on.) d agent are: Name Evenue as (P.O. Box NOT ac	You must designate an individual or

(CONTINUED)

"MGR" = N	Authorized Member	Name and Address:
AMBR/MO	JR	JEN 8 LB LLC
		680 Fifth Avenue, 25th Floor
		New York, NY 10019
		
		
LE V: Effecti ffective date is of filing.)	nated, the date must be spec	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 c
TLE V: Effective date is a of filing.) If the date inse	ve date, if other than the date o listed, the date must be spec	tile and cannot be more than five business days prior to or 90 c
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LEV: Effecti ffective date is e of filing.) If the date inse ument's effect LEVI: Other p	ve date, if other than the date o listed, the date must be spectred in this block does not me ive date on the Department of provisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false in	tile and cannot be more than five business days prior to or 90 c
LE V: Effecti ffective date is tof filing.) If the date inse ument's effect LE VI: Other p	ve date, if other than the date of listed, the date must be specified in this block does not me ive date on the Department of provisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree for the specified in the second in t	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
LE V: Effecti ffective date is tof filing.) If the date inse ument's effect LE VI: Other p	ve date, if other than the date of listed, the date must be specified in this block does not me ive date on the Department of provisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree for the second in the	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

Signature Page To Articles of Organization

JEN 8 LB LLC, a Delaware limited liability company

By: JEN 8 LP, a Delaware limited partnership, its comanager

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

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

Its: President