| L230005                                      | 27009  |
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| (Requestor's Name)<br>(Address)<br>(Address) | 800418861388   |
| (City/State/Zip/Phone #)                     | 11/23/2301001014 **155.00  |
| Special Instructions to Filing Officer:      | RECEIVED<br>2023 NOV 29 PH 2: 22<br>SECRETARY OF STATE<br>FALLAHASSEE, FLORIDA |
| Office Use Only                              | 2023 2   |

| COF         | RPORATE<br>CCESS,                       | When you  | need ACCESS to | o the world |
|-------------|---|---|----------------|-------------|
| ·           | P.O. Box 376                            | 236 East 6th Avenue. Taliahassee, Florida 32303<br>P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 |                |             |
|             |   | W   | ALK IN         |             |
|             | PI                                      | CK UP: _  | BROOK 11/29    |             |
| κx          | CERTIFIED COPY                          |   |                |             |
|             | РНОТОСОРУ                               |   |                |             |
|             | GS                                      |   |                |             |
| ΚX          | FILING                                  | LLC   |                |             |
| (0          | EN TAMPA 11 LLC<br>CORPORATE NAME AND D | OCUMENT #)  |                |             |
| (0          | CORPORATE NAME AND D                    | OCUMENT #)  |                |             |
| (0          | CORPORATE NAME AND D                    | OCUMENT #)P   |                |             |
| (C          | CORPORATE NAME AND DO                   | OCUMENT #)  |                |             |
| (C          | ORPORATE NAME AND DO                    | OCUMENT #)  |                |             |
| TAL<br>RUCT | TIONS:                                  |   |                |             |

## COVER LETTER

| T0: | New Filing Section       |
|-----|--------------------------|
|     | Division of Corporations |

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JEN Tampa 11 LLC
SUBJECT: \_\_\_\_

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.

Fitm/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 cail:

647-4418 \_\_\_) \_\_\_\_\_

rson Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

S130.00 Filing Fee & S155.00 Filing Fee & Certified Copy (acditional copy is enclosed)

S160.00 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 Tallahassec, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

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The name of the Limited Liability Company is:

## JEN Tampa 11 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: | Mailing Address:     |
|---------------------------|----------------------|
| 1316 W. Swann Avenue      | 1316 W. Swann Avenue |
| Tampa, FL 33606           | Tampa, FL 33606      |

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:

| Cogency Global, Inc.  |                           |            |
|-----------------------|---------------------------|------------|
|                       | Name                      |            |
| 115 North Calhoun :   | Street, Suite 4           |            |
| Florida street addres | is (P.O. Box <u>NOT</u> a | cceptable) |
| Tallahassee           | FL                        | 32301      |
| 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..

| the | n G     | à                           | Ashley Cepin, Assistant Secretary |
|-----|---------|-----------------------------|-----------------------------------|
| i   | Registe | ered Agent's Signature (REQ | UIRED)                            |

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

 Tilite;
 Name and Address:

 "AMBR" = Authorized Member
 Name and Address:

 "MGR" = Manager
 JEN S LB LLC

 AMBR/MGR
 JEN S LB LLC

 680 Fifth Avenue, 25th Floor

 New York, NY 10019

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,

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REQUIRED SIGNATURE:

Signature of a member or an 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 signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Signature Page <u>To</u> 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

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

2023 12.2 • ÷.-