C25000031832

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
(======================================					
Certified Copies Certificates of Status					
Germied Copies Germicates of Status					
Special Instructions to Filing Officer:					

Office Use Only



0004432636集0

2025 JAN 24 PH 1: 30

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Acc#I20160000072

wil SW

01/24/2025

Date:

Name:	TB&J I, LLC	
Document #:		
Order #:	16110323	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	Country of Destination:	12 1. 12 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Apostille/Notarial Certification:	Number of Certs:	
Filing: 🗸	Certified:	Email Address for Annual Report Notifications linda.schlotterbeck@huschblackwell.com
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 155.00	

Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>TB&J 1, LLC</u>				
(Must conta	in the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Lir	nited Liability Company is	:
Principal Office Address:			Mailing Address:	
12320 SE Birkdale Run, Jupiter FL 33469 12320 SE Birkdale Run,				
ARTICLE III - Registered Ages (The Limited Liability Company another business entity with an ac	cannot serve as its owr ctive Florida registration	n Registered Ag on.)	Agent's Signature: ent. You must designate an	individual or 5
	C T Corporation Sys	stem		•
	C 1 Corporation 5 v.	Name		_
	1200 South Pine Isla	and Road		_
	Florida street address (P.O. Box NOT acceptable)			
	Plantation	Florida	33324	_
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the apportisions of all statutes to igations of my position C T Corporation	pointment as res relating to the p as registered a System	gistered agent and agree to roper and complete perforn	act in this capacity. I nance of my duties, and I

Laura Broderick Assistant Secretary

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager James G. Souers 12320 SE Birkdale Run MGR Jupiter, FL 33469 Trevor J. Souers 12320 SE Birkdale Run Jupiter, FL 33469 MGR Brianna Liberman 12320 SE Birkdale Run MGR Jupiter, FL 33469 (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: DocuSigned by: James G. Sovers 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. James G. Souers Typed or printed name of signee

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)