

L13 000118817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

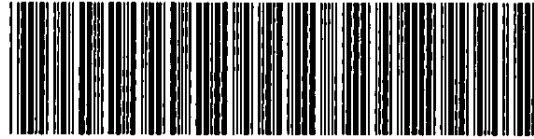
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/05/13--01023--026 \*\*125.00

Effective Date

8/14/13

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG -5 AM 11:43

AUG 22 2013

100250312371

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **JoRob Holdings, 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:

**Nicholas E. Christin, Esq.**

Name of Person

**Wicker, Smith, O'Hara, McCoy & Ford, P.A.**

Firm/Company

**2800 Ponce de Leon Blvd, Suite 800**

Address

**Coral Gables, FL 33134**

City/State and Zip Code

**nchristin@wickersmith.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Nicholas E. Christin** at **(305) 448-3939**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|---|--|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 AUG 21 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 6, 2013

NICHOLAS E CHRISTIN, ESQ  
WICKER SMITH O'HARA MCCOY & FORD PA  
2800 PONCE DE LEON BLVD - STE 800  
CORAL GABLES, FL 33134

SUBJECT: JOROB HOLDINGS, LLC  
Ref. Number: W13000043881

We have received your document for JOROB HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 6, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 913A00018843

Effective Date 8/14/13

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JoRob Holdings, LLC

(Must end with 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:

5618 Riviera Drive  
Coral Gables, FL 33146

#### Mailing Address:

5618 Riviera Drive  
Coral Gables, FL 33146

### 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:

Nicholas E. Christin, Esq.

Name

2800 Ponce de Leon Blvd, Suite 800

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

Coral Gables, FL 33146

City, State, and 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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Joanne Hoffman

5618 Riviera Drive

Coral Gables, FL 33146

MGR

Robert E. Hoffman

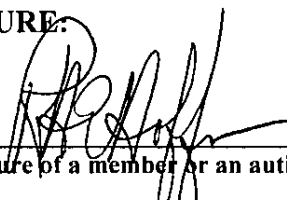
5618 Riviera Drive

Coral Gables, FL 33146

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 14, 2013. (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.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Robert E. Hoffman

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)

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