# L22000279819

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

Office Use Only



200388611242

06/01/22--01005--010 \*\*130.00



Exceptional Service Exceptional Value

May 20, 2022

## CERTIFIED MAIL RETURN RECEIPT REQUESTED #7021\_2720\_0000\_2955\_9742

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Re: PBJ FAMILY INVESTMENT, LLC

Dear Sir or Madam:

Enclosed herewith with regard to the above-named entity, please find the following:

- 1. Copy of the Articles of Organization for PBJ FAMILY INVESTMENT, LLC; and
- 2. Check for \$130, for the Filing Fee for Articles of Organization and Designation of Registered Agent and Certificate of Status.

Kindly acknowledge receipt by date stamping the enclosed copy of this letter and returning it to me in the self-addressed stamped envelope provided for your convenience.

If you have any questions or concerns please contact Stephen N. Wilchins of Wilchins Cosentino & Novins. Wellesley Office Park, 20 William Street, Suite 130, Wellesley, MA 02481, phone 781-235-5500.

Thank you for your assistance and attention to this matter.

Stephen N. Wilchins

SNW/degiii

ce: Alan C. Bolotin (with enclosures)

Don E. Goodwin III. Esq. (without enclosures)

#### **COVER LETTER**

	ew Filing Sec ivision of Cor			
SUBJECT		LY INVESTMENT, LL	LLC	
SUBJECT	•	Name of I	f Limited Liability Company	
The enclos	ed Articles of	Organization and fee(s)	s) are submitted for filing.	
Please retu	ırn all correspo	ondence concerning this	is matter to the following:	
	STEPHEN N	v. WILCHINS, ESQ.		
			Name of Person	
	WILCHINS	COSENTINO & NOVI	VINS, LLP	
			Firm/Company	
	20 WILLIAN	M STREET, SUITE 130	30	
			Address	
	WELLESLE	Y, MASSACHUSETT	TS 02481	
	legaladmin@s	wenllp.com	City/State and Zip Code	
			used for future annual report notification)	
For further i	nformation co	ncerning this matter, ple	lease call:	٠
	STEPHEN N	. WILCHINS	· / 255-5500	
	Nam	at ( e of Person	Area Code Daytime Telephone Number	:
Enclosed i	s a check for th	ne following amount:		
□\$125.00	) Filing Fee	■\$130.00 Filing Fee Certificate of Status		
	<u>Mailin</u>	g Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
PBJ FAMILY INVES' (Must contai	TMENT, LLC  n the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	tress of the principal offi	ce of the Limited	Liability Company is:			
<u>Principal</u>	Office Address:		Mailing Addr	ess:		
4086 LIVE OAK BLV DELRAY BEACH, FI			6 LIVE OAK BLVD LRAY BEACH, FL 33445	5	<u></u>	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own R tive Florida registration.	egistered Agent. ) gent are:		lividual or		
	1	Name	_			
	4086 LIVE OAK BLV Florida street address (		ecceptable)			
	DELRAY BEACH	FL	33445			
	City	State	Zip			
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appoir visions of all statutes rela	itment as register ting to the prope	red agent and agree to act i r and complete performanc as provided for in Chapter	in this capad se of my duti	city II less (and 1 II I	
	Registere	ed Agent's Signa	ture (REQUIRED)	<u>.</u>	PR .	:

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Mem	ber	
"MGR" = Manager		
MGR	PHYLLIS L. BOLOTIN	
	4086 LIVE OAK BLVD	
	DELRAY BEACH, FL 33445	
AMDD	ALANC DOLOTIN	
AMBR	ALAN C. BOLOTIN 4086 LIVE OAK BLVD	
	DELRAY BEACH, FL 33445	
	**************************************	
(Use attachment if necessary)		
(One dildefinient if freedshary)		
ICLE V: Effective date, if other th	han the date of filing:	. (OPTIONAL)
	must be specific and cannot be more than five busin	
ate of filing.)		
	k does not meet the applicable statutory filing requirer	nents, this date will not be listed
locument's effective date on the D	Department of State's records.	2022
ICLE VI: Other provisions, if any.		
, ,		
	· · · · · · · · · · · · · · · · · · ·	= 1
		<del>-</del>
REQUIRED SIGNATURE:	EOUIRED SIGNATURE: — DocuSigned by:	
<u> </u>		္ မွ
		——————————————————————————————————————
Signat	ure of a member or an authorized representative of	f a member.
This docume	ent is executed in accordance with section 605.0203 (1	) (b) Florida Statutes.
	nat any false information submitted in a document to the	
constitutes a	third degree felony as provided for in s.817.155, F.S.	
A1 A?	S.C. DOLOTIN	
<u>.nun:</u>	NI BUIDION	
	N.C. BOLOTIN  Typed or printed name of signee	<del></del> _

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)

Exceptional Service Exceptional Value

May 20, 2022

### <u>CERTIFIED MAIL</u> <u>RETURN RECEIPT REQUESTED</u> #7021 2720 0000 2955 9742

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