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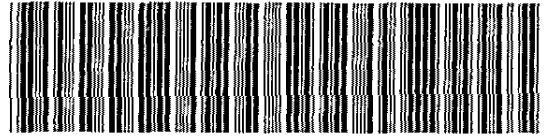
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 817689 10463A

AUTHORIZATION : *Patricia Pigeto*

COST LIMIT : \$ 155.00

EFFECTIVE DATE
04 JUL 23 PM 3:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 22, 2004

ORDER TIME : 5:04 PM

ORDER NO. : 817689-010

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: JOBESA, LLC

EFFECTIVE DATE: 7/19/04

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
JOBESA, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is JOBESA, LLC.

ARTICLE II

This limited liability company shall become effective July 19, 2004, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 4369 Northlake Blvd., Palm Beach Gardens, FL 33410. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is SUZANNE M. HORWITZ, 4369 Northlake Blvd., Palm Beach Gardens, Florida 33410.

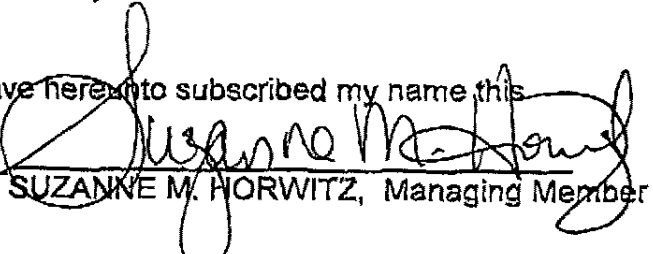
ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company. The initial managing member is SUZANNE M. HORWITZ, 4369 Northlake Blvd., Palm Beach Gardens, FL 33410.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

22nd IN TESTIMONY WHEREOF, I have hereunto subscribed my name this day of July, 2004.


SUZANNE M. HORWITZ, Managing Member

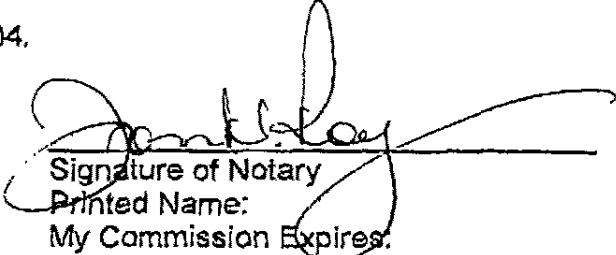
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7/19/04

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 22nd day of July, 2004, by SUZANNE M. HORWITZ, who are personally known to me or who have produced _____ State Driver's License Number _____ as identification and who did () or did not () take an oath.

Executed this 22nd day of July, 2004.


Signature of Notary

Printed Name:

My Commission Expires:

My Commission Number:



Donna M. Roy
MY COMMISSION # DD106051 EXPIRES
June 8, 2006
BONDED THRU TROY PAUL INSURANCE, INC.

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **JOBESA, LLC**, a Florida Limited liability company, with its registered office
at 4369 Northlake Blvd., Palm Beach Gardens, Florida 33410, has named **SUZANNE
M. HORWITZ**, at the same address, as its initial registered agent to accept service of
process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-
stated limited liability company at the place designated in this Certificate, I hereby
accept to act in such capacity and agree to comply with the applicable provisions of law.

By: *Suzanne M. Horwitz*
SUZANNE M. HORWITZ,
Registered Agent

STATE OF Florida)
COUNTY OF Wakulla)

The foregoing instrument was acknowledged before me this 22nd day of July,
2004 by **SUZANNE M. HORWITZ**, who is personally known to me or who has
produced _____ State Driver's License Number _____
as identification and who did () or did not () take an oath.

Executed this 22nd day of July, 2004.

Donna M. Roy
Signature of Notary
Printed Name:
My Commission Expires:
My Commission Number:

LLCertificatesJOBESAhorwitz.DOC



Donna M. Roy
MY COMMISSION # DD106031 EXPIRES
June 8, 2006
BONDED THRU TROY FAIR INSURANCE, INC.