

W5000030243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

1

Certificates of Status

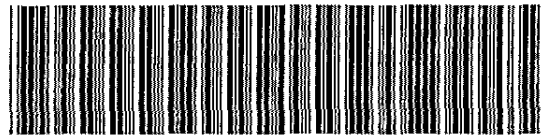
1

Special Instructions to Filing Officer:

3/25

FL LC

Office Use Only



100048409471

03/25/05--01032--013 \*\*160.00

MJH

05MAR 25 PM 1:37

FILED

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAZMAZ PROPERTY CONSTRUCTION, 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:

JOHN A. ZALKIN

(Name of Person)

JAZMAZ DEVELOPMENT CORPORATION

(Firm/Company)

411 NORTH U.S. HIGHWAY 1, 2<sup>nd</sup> FLOOR

(Address)

FORT PIERCE, FLORIDA 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON KAPLAN

(Name of Person)

at ( 772 ) 468-9898

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JAZMAZ PROPERTY CONSTRUCTION, 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:**

411 NORTH U.S. HIGHWAY 1  
2<sup>nd</sup> FLOOR  
FORT PIERCE, FLORIDA 34950

411 NORTH U.S. HIGHWAY 1  
2<sup>nd</sup> FLOOR  
FORT PIERCE, FLORIDA 34950

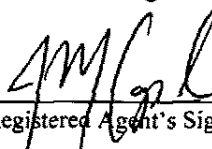
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

JASON KAPLAN, ESQ.  
Name

411 NORTH U.S. HIGHWAY 1, 2<sup>nd</sup> FLOOR  
Florida street address (P.O. Box **NOT** acceptable)  
FT. PIERCE FL 34950  
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

(CONTINUED)

FILED  
05 MAR 25 PM 1:37  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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:**

MGRM

JOHN A. ZALCIN  
411 NORTH U.S. HIGHWAY 1, 2<sup>nd</sup> FLOOR  
FORT PIERCE, FL 34950

MGR

MILES A. ZALCIN  
411 NORTH U.S. HIGHWAY 1, 2<sup>nd</sup> FLOOR  
FORT PIERCE, FL 34950

MGR

JASON KAPUN  
411 NORTH U.S. HIGHWAY 1, 2<sup>nd</sup> FLOOR  
FORT PIERCE FLORIDA 34950

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

JOHN A. ZALCIN

\_\_\_\_\_  
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)