

L050000-80665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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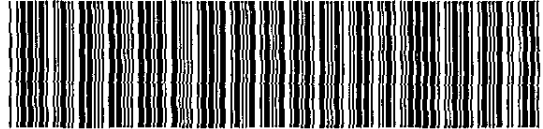
(Business Entity Name)

(Document Number)

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

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05 AUG 16 AM 7:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE  
MISCELLANEOUS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 546180 7496317

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 125.00

FILED  
05 AUG 16 AM 7:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ORDER DATE : August 16, 2005

ORDER TIME : 2:40 PM

ORDER NO. : 546180-005

CUSTOMER NO: 7496317

CUSTOMER: David B. Schatz, Esq.  
David B. Schatz, Esq.

Suite 302  
1666 Kennedy Causeway  
North Bay Villa, FL 33141

DOMESTIC FILING

NAME: J.A.R. VENTURES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
05 AUG 16 AM 7:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J-A-R- VENTURES, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1666 Kennedy Causeway, Suite 302

North Bay Village, FL 33141

**Mailing Address:**

1666 Kennedy Causeway, Suite 302

North Bay Village, FL 33141

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

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

David B. Schatz

Name

1666 Kennedy Causeway, Suite 302

Florida street address (P O Box NOT acceptable)

North Bay Village FLORIDA 33141

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, Florida Statutes*

David B. Schatz

BY 

Registered Agent's Signature

**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:**

Anthony Moretti, MGRM

1666 Kennedy Causeway, Suite 302  
North Bay Village, FL 33141

Joseph Schiliro, MGRM

1666 Kennedy Causeway, Suite 302  
North Bay Village, FL 33141

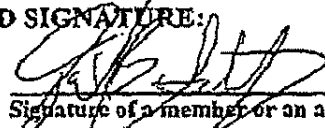
Richard Schiliro, MGRM

1666 Kennedy Causeway, Suite 302  
North Bay Village, FL 33141

(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.)

By: David B. Schatz

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)