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FILED

2005 OCT 27 P 1:54

SECRETARY OF STATE  
TALLAHASSEE, FL 32310



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002705-01025-1101 \*\*125-00

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JSB REALTY LLC  
(Name of Limited Liability Company)

**FILED**  
2005 OCT 27 P 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS COLITSAS

(Name of Person)

THOMAS COLITSAS AND ASSOCIATES, P.A.

(Firm/Company)

103 CARNEGIE CENTER, SUITE 309

(Address)

PRINCETON, NJ 08540

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS COLITSAS

(Name of Person)

at ( 609 ) 452-0889

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



## THOMAS COLITSAS & ASSOCIATES, P.A.

*Certified Public Accountants*

Accounting • Management Consulting • Tax • Financial Planning

**FILED**

2005 OCT 27 P 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 21, 2005

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

RE: JSB Realty, LLC  
Articles of Organization

To Whom It May Concern:

Enclosed please find an original and one copy of the completed Articles of Organization for JSB Realty LLC, along with a check for \$125.00 to cover filing fees. We have also enclosed a stamped self-addressed return envelope for your convenience.

We would appreciate your sending the original certificate to this office:

Thomas Colitsas and Associates, P.A.  
103 Carnegie Center, Suite 309  
Princeton, NJ 08540

Should you have any questions, please feel free to contact the undersigned directly at 609-452-0889.

Your help in this matter is greatly appreciated.

Sincerely yours,

Thomas Colitsas  
Thomas Colitsas and Associates, P.A.

Tc/cm

Enc. (Articles of Organization; Check for \$125.00)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JSB REALTY LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2238 SE LUCAYA STREET  
PORT ST. LUCIE, FLORIDA 34952

SAME

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.)

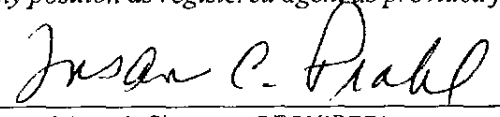
The name and the Florida street address of the registered agent are:

SUSAN C PRAHL  
Name

2238 SE LUCAYA STREET  
Florida street address (P.O. Box **NOT** acceptable)

PORT ST. LUCIE FL 34952  
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)

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TALLAHASSEE, 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

SUSAN C PRAHL  
2238 SE LUCAYA STREET  
PORT ST. LUCIE, FLORIDA 34952

MGRM

JOSEPH CAIOLA  
16 MANALAPAN WOODS DRIVE  
MANALAPAN, NJ 07726

MGRM

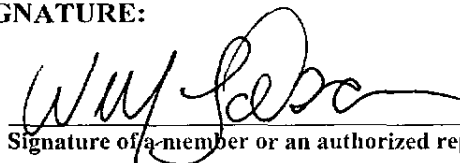
WILLIAM LAKO  
2 ELLIS COURT  
MONMOUTH JUNCTION, NJ 08852

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

WILLIAM LAKO

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)