

LO7000089552

(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



500108521975

08/30/07--01020--020 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 30 PM 12:05

FILED

WALTER D. LeVINE, ESQ.

COUNSELLOR AT LAW
23 VREELAND ROAD
SUITE 102

FLORHAM PARK, NEW JERSEY 07932

Telephone (973) 377-3313
Telefax (973) 377-8167
E-Mail TAXLAWI@AOL.COM

August 28, 2007

Registration Section
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

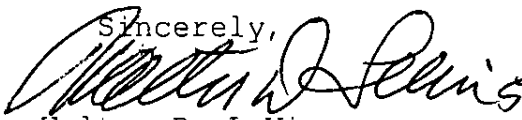
Re: Josloff General Contracting LLC

Enclosed herewith are two (2) original Cover Letters and two (2) original Articles of Organization, for the above-named Florida Limited Liability Company

Also enclosed is my office check for \$160.00, covering the Filing Fee, Certificate of Status and a Certified Copy.

Also enclosed is a stamped, return envelope for your use in returning the documents to this office.

As noted, any questions should be directed to the undersigned.

Sincerely,

Walter D. Levine

WDL:w1 w/enc. (DHL - OVERNIGHT)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 30 PM 12:05

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOSLOFF GENERAL CONTRACTING 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:

WALTER D. LeVINE

(Name of Person)

WALTER D. LeVINE, ESQ.

(Firm/Company)

23 VREELAND ROAD SUITE 102

(Address)

FLORHAM PARK, NJ 07932

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER D. LeVINE, ESQ.

(Name of Person)

at (973) 377-3313

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

07 AUG 30 PM 12:05

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOSLOFF GENERAL CONTRACTING LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "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:

17109 ROYAL COVE WAY

BOCA RATON, FL 33496

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:

ALBERTA JOSLOFF

Name

17109 ROYAL COVE WAY

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON, FL 33496

City, State, and Zip

FILED
07 AUG 30 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Alberta Josloff
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

ALBERTA JOSLOFF

17109 ROYAL COVE WAY

BOCA RATON, FL 33496

MGRM

LAWRENCE JOSLOFF

17109 ROYAL COVE WAY

BOCA RATON, FL 33496

(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.)

ALBERTA JOSLOFF

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)

FILED
09 MAY 30 PM 12:05
CLERK OF STATE
TALLAHASSEE, FLORIDA