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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

### **COVER LETTER**

TO:	Registration Division of C					
SUBJ	ECT: Forb	es Private Invest	tment, LLC			
		(Name of Limi	ted Liability Compa	ny)	<del> </del>	
	. •					
The er	closed Articles	of Organization and fee(s) are	submitted for filing	<b>5.</b>		
Please	return all corres	pondence concerning this ma	tter to the following:	;		
	John For	rbes				
			(Name of Person)			
	<u></u>	,	(Firm/Company)		7.0 2	
	18831 Maisons Dr 美麗 選 👢				HÉ FE	
			(Address)		-u	
	Lutz, FL	33558				
	·	(Ci	ty/State and Zip Code	)	OR OR OR	
	·.	•			IDA ITE I	
For fu	rther information	concerning this matter, pleas	se call:			
Joh	n Forbes		at ( 813 )	205-1°	147	
	(Nam	e of Person)	(Area Code	& Daytime T	elephone Number)	
Enclo	sed is a check f	for the following amount:				
<b>□\$125</b>	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporation	ons r Circle	

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:						
Forbes Private Investment, 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 print	ncipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
18831 Maisons Dr Lutz, FL 33558	18831 Maisons Dr A S					
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another gistered agent are:					
JNP Properties, LL	<u>C</u>					
17633 GUNN HWY	<del></del>					
ODESSA 33556  City, State, an	ress (P.O. Box <u>NOT</u> acceptable)  FL ad Zip					
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S					

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** John Forbes 18831 Maisons Dr Lutz, FL 33558 **MGRM** JNP Properties, LLC 17633 GUNN HWY suite 242 **ODESSA 33556** 883 $\triangleright$ (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 01/25/08 . (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 of an authorized representative of a member.

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Forbes

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution

#### 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)