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SECRETARY OF STATE

T. HAMPTON
SEP 1 0 2008
EXAMINER

COVER LETTER

Division of Co				
SUBJECT: JCB P.	ASCO HOLDINGS	S, LLC		
		ed Liability Comp	any)	
The enclosed Articles of	f Organization and fee(s) are	submitted for filin	g.	
Please return all corresp	ondence concerning this mat	ter to the following	g:	
RICHARD	M. ROBBINS			
<u></u>		(Name of Person)		
Attorney a	it Law			
		(Firm/Company)		
1230 Sout	th Myrtle Avenue,	Suite 302		
		(Address)		
Clearwate	r, FL 33756			
	(Cit	y/State and Zip Code	e)	
For further information	concerning this matter, please	e call:		
Martha Stolz		_at (_727	, 441-152	2
Martha Stolz (Name of Person) at (727) 441-1522 (Area Code & Daytime Telephone Number)				
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	rig Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ 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		

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: JCB PASCO HOLDINGS, L.L.C.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 2480 Rajel Avenue,

Safety Harbor, Florida 34695.

<u>ARTICLE III - Registered Agent, Registered</u> <u>Office, & Registered Agent's Signature</u>

The name and the Florida street address of the registered agent are: JAMES E. BURZYNSKI, 2480 Rajel Avenue, Safety Harbor, Florida 34695.

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

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with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

TAMES E. BURZYNSK Registered Agent

Signed this <u>8</u> day of September, 2008, by JAMES E. BURZYNSKI and CHARMAINE A. BURZYNSKI, Members. 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.

MEMBERS:

JAMES E. BURZYMERI, as a Trustee of the JAMES E. BURZYNSKI REVOCABLE TRUST UAD July 17, 1997, and as a Trustee of the CHARMAINE A. BURZYNSKI REVOCABLE TRUST UAD July 17, 1997

CHARMAINE A. BURZYNSKI, As a Trustee of the JAMES E. BURZYNSKI REVOCABLE TRUST UAD July 17, 1997, and as a Trustee of the CHARMAINE A. BURZYNSKI REVOCABLE TRUST UAD July 17, 1997

08 SEP -9 AN IQ: 2: SECRETARY OF STATE TALLAHASSEE, FLORIDA