

L0800008600/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 10 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBAR Investments, 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:

Jack Rodgers

(Name of Person)

JBAR Investments, LLC

(Firm/Company)

2498 Windsor Way Court

(Address)

Wellington, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Chapman

(Name of Person)

at (330) 836-9331

(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)

#4614

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

MARINA HOLDING, INC

2498 Windsor Way Ct.

Wellington, Florida 33414

9-02-08

Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, Fl.
32314

RE:JBAR Investments, LLC

Gentlemen,

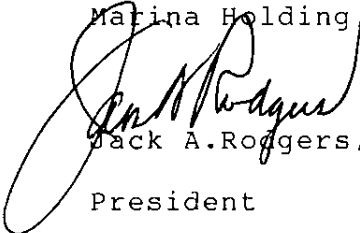
Please find attached our application for the
above LLC.

We are also enclosing our check #4614 in the
amount of \$130.00 for these filing fees.

Thank you

Sincerely,

Marina Holding, Inc.



Jack A. Rodgers,

President

CC:Bridget L.Rodgers

FAX 561-333-6995

Harry A.Donovan, C.P.A.

FAX 330-869-9991

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JBAR Investments, 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:

2498 Windsor Way Court
Wellington, FL 33314

Mailing Address:

2498 Windsor Way Court
Wellington, FL 33314

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:

Jack A Rodgers

Name

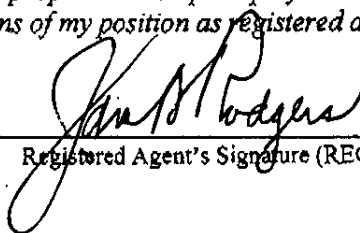
2498 Windsor Way Court

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

Wellington, FL 33314

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)

Sign
Here

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TALLAHASSEE, FLORIDA

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(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jack A Rodgers

2498 Windsor Way Court

Wellington, FL 33314

member

Bridget L Rodgers

12009 Polo Club Road

Wellington, FL 33314

member

Andrew C Rodgers

2498 Windsor Way Court

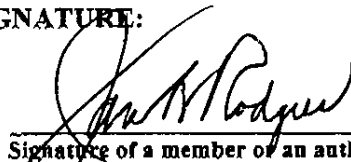
Wellington, FL 33314

(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:

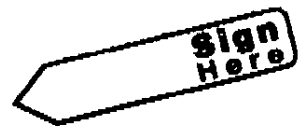


Signature of a member or an authorized representative of a member.

(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.)

Jack A Rodgers

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)

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TALLAHASSEE, FLORIDA