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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

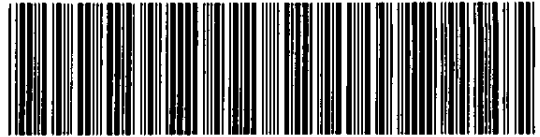
(Business Entity Name)

(Document Number)

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T. CLINE

APR 20 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR -5 AM 10:06

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2010

JOHN D DIPIETRO
PO BOX 330682
ATLANTIC BEACH, FL 32233-0682

SUBJECT: JOB REHABS, LLC
Ref. Number: W10000017037

We have received your document for JOB REHABS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A0000848

2010 APR -5 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOB Rehabs, 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:

John D DiPietro

Name of Person

JDP Land Ventures, LLC

Firm/Company

PO Box 330682

Address

Atlantic Beach FL 32233-0682

City/State and Zip Code

johndipietro@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John D DiPietro

Name of Person

at (904)

710-7431

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

2010 APR -5 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOB Rehabs, 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:

1043 Big Pine Key

Atlantic Beach, FL 32233

Mailing Address:

PO Box 330682

Atlantic Beach FL 32233-0682

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:

John D. DiPietro

Name

1043 Big Pine Key

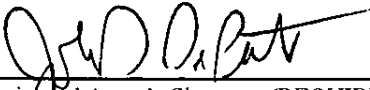
Florida street address (P.O. Box **NOT** acceptable)

Atlantic Beach

FL 32233

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)

(CONTINUED)

Page 1 of 2

2010 APR 06
SECRETARY OF STATE
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

John D DiPietro

1043 Big Pine Key

Atlantic Beach Fl 32233

MGRM

Edwin Bert Miller

411 Walnut St #874

Green Cove Springs, Fl 32043

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2010 (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.)

John D DiPietro

Typed or printed name of signee

FILED
2010 APR -5 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)