

L10 000107353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

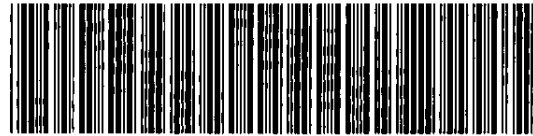
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/18/10--01018--022 \*\*160.00

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10 JUN 18 AM 10:50  
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1000 N. 1ST ST.  
LINCOLN, NE 68502

S. HAWKES

JUN 21 2010

EXAMINER

L10-29759



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2010

JEROME GIBBEMEYER  
1000 QUAYSIDE TERRACE APT 805  
MIAMI, FL 33138

SUBJECT: PROPERTY CLAIMS ADJUSTERS LLC  
Ref. Number: W10000029759

We have received your document for PROPERTY CLAIMS ADJUSTERS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 610A00015315

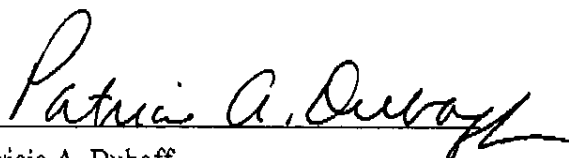
**Affidavit of Patricia A Duboff**

State of Florida  
County of Miami - Dade

**BEFORE ME**, the undersigned Notary, Maria Elena Chavarria, on this 13<sup>th</sup> day of October, 2010, personally appeared, Patricia A Duboff, known to me to be a credible person and of lawful age, who being by me first duly sworn, on her oath, deposes and says:

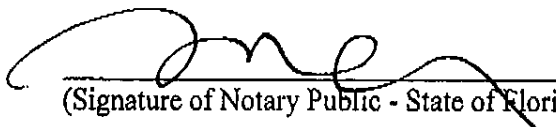
I, Patricia A Duboff, owner and managing member closed Property Claims Adjusters, LLC and the Articles of Dissolution were filed on June 18, 2010. The document number of PCA was L0600020447. The letter number confirming the filing is 310A00015256.

I have no intention of revoking this dissolution and I'm turning the name "Property Claims Adjusters, LLC over to Jerome Gibbemeyer of 1000 Quayside Terrace, Apt. 805, Miami, FL 33138.

  
Patricia A. Duboff  
795 NE 95<sup>th</sup> Street  
Miami, FL. 33138

State of Florida  
County of Miami - Dade

Sworn to and subscribed before me this 13th day of October, 2010 by Patricia A. Duboff

  
(Signature of Notary Public - State of Florida)

Maria Elena Chavarria  
  
(Print, Type, or Stamp Commissioned Name of Notary Public)

NOTARY PUBLIC-STATE OF FLORIDA  
Maria Elena Chavarria  
Commission # DD896075  
Expires: JUNE 03, 2013  
BONDED THRU ATLANTIC BONDING CO., INC.

The purpose for these filings are to apply for a new FEI/EIN Number

The Federal Government requires a new "Articles of Organization" form to be submitted

Thank you for your help

Jerome Gibbemeyer

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Property Claims Adjusters 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:

Jerome Gibbemeyer

Name of Person

Property Claims Adjusters LLC

Firm/Company

1000 Quayside Terrace Apt. 805

Address

Miami, Florida 33138

City/State and Zip Code

jerrytyg@yahoo.com

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

For further information concerning this matter, please call:

Jerome Gibbemeyer

Name of Person

at ( 401 )

835-1978

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Property Claims Adjusters 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:**

12430 W DIXIE HWY

Miami, Florida 33161

**Mailing Address:**

12430 W. DIXIE HWY

Miami, Florida 33161

**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:

Jerome Gibbemeyer

Name

1000 Quayside Terrace Apt. 805

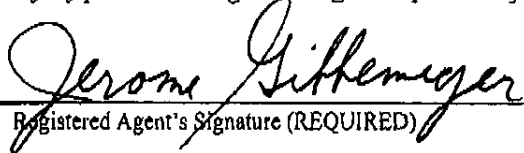
Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33138

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)

**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

Jerome Gibbemeyer

1000 Quayside Terrace Apt. 805

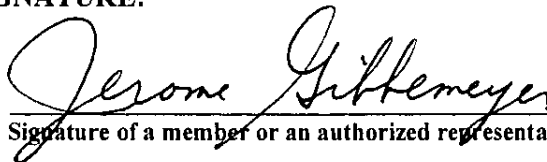
Miami, Florida 33138

FILED  
JUN 18 AM 10:51  
CLERK OF DISTRICT COURT  
JULIA E. HILL

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 15, 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.)

Jerome Gibbemeyer

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)**