

L11000118643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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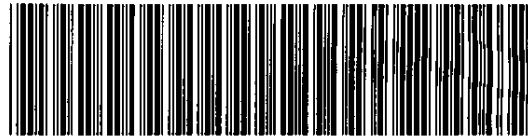
(Business Entity Name)

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11 OCT 19 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
OCT 20 2011  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JARABEK FAMILY PROPERTIES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neil S Schecht

Name of Person

Neil S Schecht, P.A.

Firm/Company

3630 W Kennedy Blvd

Address

Tampa FL 33609

City/State and Zip Code

leslie@schechtlaw.com

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

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11 OCT 19 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Leslie Baumgardner

Name of Person

at ( 813 ) 353-9500

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
JARABEK FAMILY PROPERTIES, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Managing Members names are misspelled (Paul Jarabeck, Brian Jarabeck and

Bob Jarabeck) Please correct the Managing Members last name to: Paul

Jarabek, Brian Jarabek and Bob Jarabek


**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: October 18, 2011

  
Signature of a member or authorized representative of a member

Neil S Schecht

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**FILED**  
11 OCT 19 AM 10 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L11000118643  
FILED 8:00 AM  
October 17, 2011  
Sec. Of State  
ncausseaux

**Article I**

The name of the Limited Liability Company is:  
JARABEK FAMILY PROPERTIES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
22722 STATE ROAD 54  
LUTZ, FL. 33549

The mailing address of the Limited Liability Company is:  
22722 STATE ROAD 54  
LUTZ, FL. 33549

**Article III**

The purpose for which this Limited Liability Company is organized is:  
OWN AND MANAGE REAL ESTATE

**Article IV**

The name and Florida street address of the registered agent is:  
NEIL S SCHECHT  
3630 W. KENNEDY BLVD  
TAMPA, FL. 33609

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.

Registered Agent Signature: NEIL S SCHECHT

### Article V

The name and address of managing members/managers are:

Title: MGRM  
PAUL JARABECK  
10709 PLANTATION BAY DR  
TAMPA, FL. 33647

Title: MGRM  
BRIAN JARABECK  
10709 PLANTATION BAY DR.  
TAMPA, FL. 33647

Title: MGRM  
BOB JARABECK  
3629 GOLDEN EAGLE DR  
LAND O' LAKES, FL. 34639

L11000118643  
FILED 8:00 AM  
October 17, 2011  
Sec. Of State  
ncausseaux

Signature of member or an authorized representative of a member

Electronic Signature: NEIL S SCHECHT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC, and every year thereafter to maintain "active" status.