

L12000/22280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

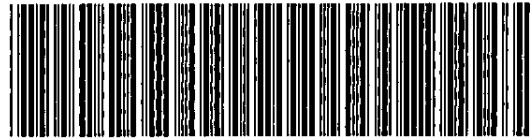
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/24/12--01006--010 \*\*130.00

EFFECTIVE DATE

10/1/12

FILED  
12 SEP 24 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 25 2012

**JBJ Center Port Corp.  
2821 CENTER PORT CIRCLE  
POMPANO BEACH, FL 33064  
T: 954 782 3244  
F: 954 782 4342  
e-mail: [jbshoe@coastalboot.com](mailto:jbshoe@coastalboot.com)**

18 September 2012

Registration Section  
Division Of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: LLC Formation  
JBJ Center Port, LLC

Dear Sir or Madam;

Enclosed please find the following documentation for the purposes of registering the  
aforementioned Limited Liability Company.

- 1) Check #2465 in the amount of \$130.00 (\$125.00 Filing Fee & \$5.00 Certificate of Status);
- 2) A copy of my Florida driver's license;
- 3) Articles of Organization; and
- 4) Consent of Owner Entity (cases where the name is not distinguishable)

Please be advised the purpose of the LLC is for any lawful purpose.


If the enclosed documentation is insufficient to file the LLC with the Division of Corporations please  
return the contents (Forms & Check) in the self-addressed stamped envelope that I have enclosed for  
your convenience.

Thanking you in advance for your attention to this matter.

Respectfully,

Joel Bondar

Enclosures



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JBJ CENTER PORT, 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:

Joel Bondar

Name of Person

Firm/Company

2821 Center Port Circle

Address

Pompano Beach, FL 33064

City/State and Zip Code

JBSHOE@COASTALBOOT.COM

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

For further information concerning this matter, please call:

Joel Bondar

Name of Person

at ( 954 ) 782-3244

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CONSENT OF OWNER ENTITY**

This letters serves as notice to the Florida Department of State, Division of Corporations. Pursuant to Florida Statute 608.406(2), JBJ CENTER PORT CORPORATION, consents to the formation of JBJ CENTER PORT LLC., even though the name of the LLC may not be otherwise distinguishable on the records of the Division of Corporations.

This consent is to be filed with the Division of Corporations along with the registration of JBJ CENTER PORT LLC.

Signed this 18th day of September, 2012, by Joel Bondar, who is a duly authorized representative of JBJ Center Port Corporation.

JBj Center Port Corporation

By: \_\_\_\_\_

Joel Bondar, Secretary, Treasurer, Director

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**JBJ CENTER PORT 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:

2821 CENTER PORT CIRCLE  
POMPANO BEACH, FL 33064

### Mailing Address:

2821 CENTER PORT CIRCLE  
POMPANO BEACH, FL 33064

## 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:

Joel Bondar

Name

2821 Center Port Circle

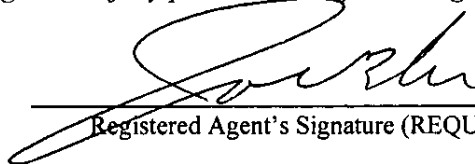
Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach FL 33064

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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

Bruce Pontner  
2821 Center Port Circle  
Pompano Beach, FL 33064

MGRM

Joel Bondar  
2821 Center Port Circle  
Pompano Beach, FL 33064

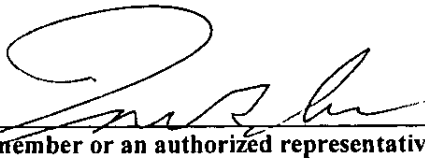
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1 October 2012. (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. I am aware that any 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.)

Joel Bondar

\_\_\_\_\_  
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