

# L130000041703

\_\_\_\_\_  
(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



700245559907

RECEIVED  
DEPARTMENT OF STATE  
13 MAR 19 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2013 MAR 19 AM 10:21

FILED

N. Culligan MAR 20 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 574968 7576589

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 125.00

ORDER DATE : March 19, 2013

ORDER TIME : 9:33 AM

ORDER NO. : 574968-005

CUSTOMER NO: 7576589

DOMESTIC FILING

NAME: SBJC, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED

2013 MAR 19 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
Of  
SBJC, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is SBJC, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

20320 Fairway Oaks Dr Apt 382  
Boca Raton, FL 33434-3247

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Melvin N. Lechner  
20320 Fairway Oaks Dr Apt 382  
Boca Raton, FL 33434-3247

*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.*

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



Registered Agent's Signature

**ARTICLE IV  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V  
MANAGEMENT**

The Limited Liability Company is to be managed by one or more Members and is therefore, a Member-Managed company. The following are the names and addresses of the Managing Members:

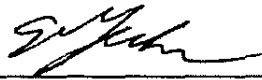
MGRM - Melvin N. Lechner  
20320 Fairway Oaks Dr Apt 382  
Boca Raton, FL 33434-3247

**ARTICLE VI  
ADMISSION OF ADDITIONAL MEMBERS**

The member(s) of this Limited Liability Company shall have the right to admit additional members.

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.

DATED: 3/18/2013



Melvin N. Lechner, Member Manager

FILED  
2013 MAR 19 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA