

L13000103273

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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Special Instructions to Filing Officer:

W13-39428

Office Use Only

Josie Karash ONE  
AUTHORIZATION BY PHONE TO

CORRECT eff. date to be 07/05/13

DATE 07/22/13 @ 11:37am

DOC. EXAM J. Bry



000249481010

Effective Date 07/05/13

07/11/13--01010--005 \*\*130.00

FILED  
2013 JUL 11 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 22 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2013

JOSIE KARASH  
1123 GOLFVIEW STREET  
ORLANDO, FL 32804

SUBJECT: ORLANDO JBF LLC  
Ref. Number: W13000039428

FILED  
2013 JUL 11 PM 12:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your document for ORLANDO JBF LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 11, 2013. Please amend your document accordingly.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 213A00017081

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Orlando JBF 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:

**Josie Karash**

Name of Person

**Orlando JBF**

Firm/Company

**1123 Golfview Street**

Address

**Orlando, FL 32804**

City/State and Zip Code

**josie.roberts@yahoo.com**

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

For further information concerning this matter, please call:

**Josie Karash**

Name of Person

at **407** **276-2469**

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

FILED  
2013 JUL 11 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Orlando JBF 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:**

1123 Golfview Street, Orlando, FL 32804

**Mailing Address:**

1123 Golfview Street, Orlando, FL 32804

**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:

Effective Date 07/05/13

Josie Karash

Name

1123 Golfview Street

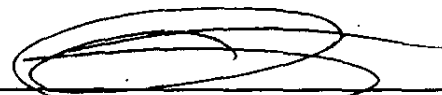
Florida street address (P.O. Box **NOT** acceptable)

Orlando 32804

FL

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)

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JUL 11 PM 12:03  
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:**

MGR

Josie Karash

1123 Golfview Street

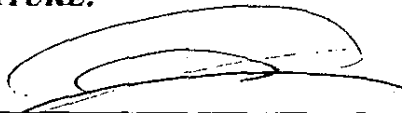
Orlando, FL 32804

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2013 JUL 11 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JULY 05, 2013 (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.)

Josie Karash

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)