

L14000024770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

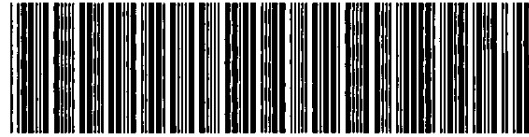
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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L14-24770

02/10/14--01012--027 **130.00

W14-7989

FILED
14 FEB 10 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2014

N. CAUSSEAU

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

Firm/Company

101 NE 151st Street

Address

N. Miami Beach, FL 33162

City/State and Zip Code

jerry.frcpro@gmail.com

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

For further information concerning this matter, please call:

Jerome Gibbemeyer at (305) 733-4798
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Registration Section
Division of Corporations
Tallahassee, FL 32314

Jerome Gibbemeyer
101 NE 151st Street
N. Miami Beach, FL 33162

February 6, 2014

305-733-4798

Dear Processor,

I just sent in an "Article of Organization" for Property Claims Adjusters, LLC.

On the application sent to you I omitted the title, MGR, of the member, Jerome Gibbemeyer.

Enclosed, please find the corrected page 2, and replace the page 2 of the application I sent in.

If you have any questions, please call me at 305-733-4798.

Thank you for your help in this matter.

Regards,

A handwritten signature in black ink, reading "Jerome Gibbemeyer". The signature is stylized with a large, sweeping initial "J" and a long, horizontal flourish extending to the right.

Jerome Gibbemeyer

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:

Mailing Address:

12430 W. Dixie Hwy.
N. Miami, FL 33161

12430 W. Dixie Hwy.
N. Miami, FL 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:

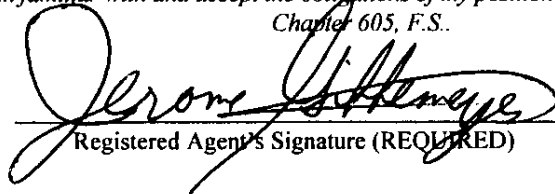
Jerome Gibbemeyer
Name

101 NE 151st Street
Florida street address (P.O. Box NOT acceptable)

N. Miami Beach FL 33162
City 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jerome Gibbemeyer

101 NE 151st Street

N. Miami Beach, FL 33162

(Use attachment if necessary)

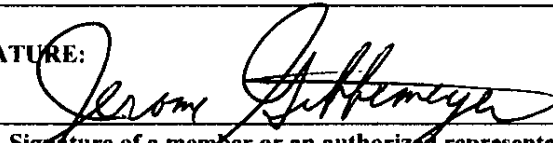
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

Jerome Gibbemeyer is 100% Owner of Property Claims Adjusters

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

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)

FILED
14 FEB 10 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA