## L15000007660

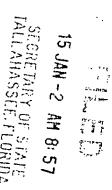
| (Re                     | equestor's Name)   |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER \*

TO:

**Registration Section** 

Tallahassee, FL 32314

| Division of Corporations                              |  |  |
|---|--|--|
| SUBJECT: JB Gelman Companies, LLC                     |  |  |
| Name of Lim   | ited Liability Company                       |  |
|   |  |  |
| The enclosed Articles of Organization and fee(s) are  | submitted for filing.                        |  |
| Please return all correspondence concerning this ma   | tter to the following:                       |  |
|   |  |  |
| Jeffrey B. Gelman                                     |  |  |
|   | Name of Person                               |  |
| IP Colmon Componies III C                             |  |  |
| JB Gelman Companies, LLC                              | Firm/Company                                 |  |
|   |  |  |
| 9508 Windy Ridge Rd.                                  |  |  |
|   | Address                                      |  |
|   |  |  |
| Windermere, FL 34786                                  | -/C+++ 1 7' C- 1-                            |  |
|   | ty/State and Zip Code .                      | •  |
| patti@gelcorpusa.com<br>E-mail address: (to be used   | for future annual report notifica            | tion)  |
|   | -  | ,  |
| For further information concerning this matter, pleas | e call:                                      |  |
| D.W.U.A.I   |  |  |
|   | 07 <u>574-2835</u><br>Area Code Daytime Tele | ephone Number                                |
|   | Jujimo ren                                   | opnone rumoer                                |
| Enclosed is a check for the following amount:         |  |  |
| ☑ \$125.00 Filing Fee ☐\$130.00 Filing Fee &          | □\$155.00 Filing Fee &                       | □\$160.00 Filing Fee,                        |
| Certificate of Status                                 | Certified Copy                               | Certificate of Status &                      |
|   | (additional copy is enclosed)                | Certified Copy (additional copy is enclosed) |
|   |  | (additional copy is enclosed)                |
| Mailing Address                                       | Street/Courier Addr                          | P55  |
| Registration Section                                  | Registration Section                         | <del></del>                                  |
| Division of Corporations                              | Division of Corporati                        | ons  |
| P.O. Box 6327   | Clifton Building                             |  |

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |   |                            |                      |  |
|---|---|----------------------------|----------------------|--|
| The Haine of the Elimied Elicothy company to:   |   |                            |                      |  |
| JB Gelman Companies, LLC  |   |                            | _                    |  |
| (Must end with the words "Limited L   | Liability Company, "L.L.C" or "LL   | C.")                       |                      |  |
| ARTICLE 11 - Address:   |   |                            |                      |  |
| The mailing address and street address of the principal off   | ice of the Limited Liability Compan   | y is:                      |                      |  |
| Principal Office Address:   | Mailing Address:  |                            |                      |  |
| JB Gelman Companies, LLC<br>9508 Windy Ridge Rd   | JB Gelman Companies, LLC<br>9508 Windy Ridge Rd                                 |                            | •                    |  |
| Windermere, FL 34786-8311   | Windermere, FL 34786-8311   |                            | -                    |  |
| nother business entity with an active Florida registration.  The name and the Florida street address of the registered a  |   |                            |                      |  |
| Jeffrey B Gelman  |   |                            |                      |  |
| Name  |   |                            |                      |  |
| 9508 Windy Ridge Rd   |   |                            |                      |  |
| Florida street address (P.O. Box  | NOT acceptable)   |                            |                      |  |
| Windermere  | FL 34786-8311   |                            |                      |  |
| City  | Zip   |                            |                      |  |
| Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblicable.  Chapter | the appointment as registered agent<br>f all statutes relating to the proper at | and agree i<br>id complete | to act i<br>e perfoi | n this<br>rmance   |
| Registered Agent's Signati  | ure (REQUIRED)  | SECRET<br>TALLAH!          | 15 JAN               | .,   |
| (CONTINUE   | ED)   | 3SS)<br>Aary               | 2                    | antomas.   |
| Page 1 of 2   |   | OF STATE                   | AM 8: 57             | The state of the s |

| <u> Citle:</u>   | Name and Address:   |
|--|---|
| AMBR" = Authorized Member  |   |
| MGR" = Manager<br>MGR  | Jeffroy B Gelman  |
| VIGR   | <u>Jeffrey B Gelman</u><br>9508 Windy Ridge Rd  |
|  | Windermere, FL 34786-8311   |
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| ctive date is listed, the date must be spe   | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90  |
| EV: Effective date, if other than the date ctive date is listed, the date must be speffiling.)   | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90  |
| EV: Effective date, if other than the date ctive date is listed, the date must be spe  | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90  |
| E V: Effective date, if other than the date ctive date is listed, the date must be spe filing.)  E VI: Other provisions, if any.   | ecific and cannot be more than five business days prior to or 90  |
| EV: Effective date, if other than the date ctive date is listed, the date must be speffiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  | ecific and cannot be more than five business days prior to or 90  |
| EV: Effective date, if other than the date ctive date is listed, the date must be speffiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  | mber or an authorized representative of a member.   |
| E V: Effective date, if other than the date ctive date is listed, the date must be spet filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60)  | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document  |
| EV: Effective date, if other than the date ctive date is listed, the date must be spet filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation unde 1 am aware that any false information.  | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State                                       |
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