

# L16000105806

(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:

per conversation with Mr.  
Thomas Chang on 6/1/16  
file AS New LLC.

Office Use Only

W/600036508

JUN 02 2016

T. SCOTT



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05/13/16--01017--016 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 24 AM 11:50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2016

JAMES DAVILMAR  
8441 NW 11TH STREET  
PEMBROKE PINES, FL 33024

SUBJECT: JABIZ, LLC  
Ref. Number: W16000036505

We have received your document for JABIZ, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sole Proprietorship can not convert to LLC,

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) 245-6052.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 416A00010690

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JABIZ, 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:

8441 NW 11TH STREET  
PEMBROKE PINES, FL 33024

#### Mailing Address:

8441 NW 11TH STREET  
PEMBROKE PINES, FL 33024

### 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:

JAMES DAVILMAR

Name

8441 NW 11TH STREET

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

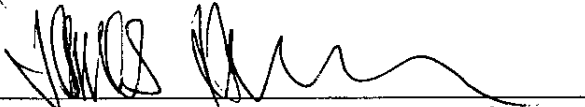
PEMBROKE PINES

FL 33024

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)

16 MAY 24 AM 11:50

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

**Name and Address:**

JAMES DAVILMAR  
8441 NW 11TH STREET  
PEMBROKE PINES, FL 3302

ELIODOR DAVILMAR  
8441 NW 11TH STREET  
PEMBROKE PINES, FL 33024

ROSE DAVILMAR  
8441 NW 11TH STREET  
PEMBROKE PINES, FL 33024

(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.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

JAMES DAVILMAR

\_\_\_\_\_  
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)**