

9/10/2018

**U180002635223445**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2018 SEP 10 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

2018 SEP 10 PM 1:40

**FLORIDA LIMITED LIABILITY CO.  
P & J REAL ESTATE INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. FASON

SEP 11 2018

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**P & J REAL ESTATE INVESTMENTS, LLC**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 1800 S. Ocean Boulevard, Apt. 4A, Boca Raton, FL 33432

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

JUDY CHEFAN

Name

1800 S. Ocean Boulevard, Apt. 4A

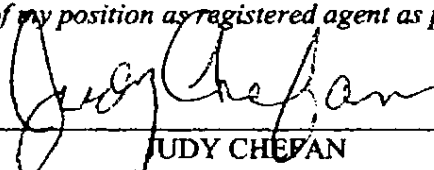
Florida street address (P.O. Box NOT acceptable)

Boca Raton, Florida 33432

City, State, and Zip

**FILED**  
2018 SEP 10 AM 8:14  
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TALLAHASSEE, FL

*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.*

  
\_\_\_\_\_  
JUDY CHEFAN  
Registered Agent's Signature

(CONTINUED)

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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

**Name and Address:**

JUDY CHEFAN, AMBR

1800 S. Ocean Boulevard, Apt. 4A  
Boca Raton, FL 33432

PAUL GUAGENTI, AMBR

1800 S. Ocean Boulevard, Apt. 4A  
Boca Raton, FL 33432

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

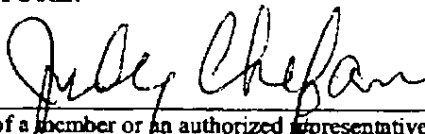
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.**

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**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.

**JUDY CHEFAN**

Typed or printed name of signee

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