

L18000245919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

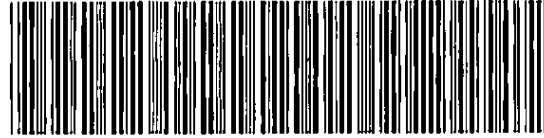
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

OCT 23 2018



700320045937

700320045937
10/23/18--01001--009 **155.00

RECEIVED
DEPT OF STATE
18 OCT 22 PM 4:05

18 OCT 22 AM 10:00

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

October 22, 2018

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **PJAB LLC**

Dear Madam/Sir:

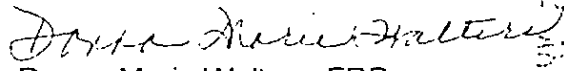
Enclosed are an original and one copy of the Articles of Organization for **PJAB LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$130.00	<input checked="" type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy enclosed)	Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,


Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

sos ltr 20181022 pjab llc arls

16 OCT 2018 10:00

**ARTICLES OF ORGANIZATION
OF
PJAB LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **PJAB LLC**.

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

4708 Capital Circle Northwest
Tallahassee, Florida 32303

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Ausley & McMullen, P.A.
Attention: Robert A. Pierce
123 South Calhoun Street
Tallahassee, Florida 32301

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

s/Robert A. Pierce

Ausley & McMullen, P.A., Registered Agent
Robert A. Pierce, for the Firm

**ARTICLE 4.
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of the persons authorized to manage and control the Limited Liability Company as Manager are as follows:

Behzad Ghazvini, MGR

4708 Capital Circle Northwest
Tallahassee, Florida 32303

Justin R. Ghazvini, MGR

4708 Capital Circle Northwest
Tallahassee, Florida 32303

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 22nd day of October, 2018.

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 Section 817.155, F.S.

s/Robert A. Pierce

Robert A. Pierce

Authorized Representative of a Member

10 OCT 22 AM 10:01
Tallahassee, FL