

3/19/2020

Division of Corporations

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 : FL PATEL LAW PLLC  
Account Number : 120170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: Brj1564@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
JRB Senior Associates, LLC**

Certificate of Status	1
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MAR 20 2020

T. SCOTT

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## COVER LETTER

Thursday, March 19, 2020

To: New Filing Section  
Division of Corporation

Subject:  
**JRB Senior Associates, 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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**

**Kalpesh Patel at 727-279-5037 or e-mail at [Contact@flpatellaw.com](mailto:Contact@flpatellaw.com)**

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

**ARTICLES OF ORGANIZATION**

**FOR**

**JRB Senior Associates, LLC**

**A**

**Florida Limited Liability Company**

FILED  
2020 MAR 19 PM 1:21  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HILLSBORO, FLORIDA

**ARTICLE I.**

**Name**

The name of the Limited Liability Company is: JRB Senior Associates, LLC (the Company).

**ARTICLE II.**

**Address**

The mailing address and street address of the principal office of the Company is:

4604 49th Street N  
Suite 1089  
Saint Petersburg, FL 33709

**ARTICLE III.**

**Registered Agent, Registered office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC  
360 Central Avenue  
Suite 800  
Saint Petersburg, FL 33701

*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.*

*Hilary Zalla*

(sign)

FL Patel Law PLLC

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Jeffrey Brunoizzi 4604 49th Street N Suite 1089 Saint Petersburg, FL 33709

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**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.

Jeffrey Brunoizzi

Authorized Representative/Member