

L21000289644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

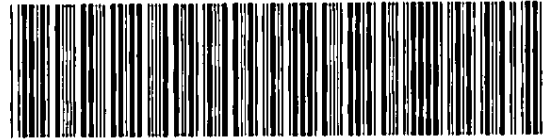
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500368617505

FILED

2021 JUN 22 AM 10:18

CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

RECEIVED

2021 JUN 22 PM 3:44

ALLAN ROSS

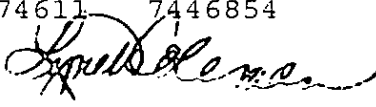
*[Handwritten signature]*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 874611 7446854

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : June 22, 2021

ORDER TIME : 2:20 PM

ORDER NO. : 874611-005

CUSTOMER NO: 7446854

FILED  
2021 JUN 22 AM 10:18  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL 32301

DOMESTIC FILING

NAME: CJOZ LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CJOZ 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:

Kenneth Florio  
Name of Person

Goodkind & Florio, P.A.  
Firm/Company

12861 SW 68th Avenue  
Address

Pinecrest, FL 33156  
City/State and Zip Code

michelle@stoneworksinc.com  
E-mail address: (to be used for future annual report notification)

2021 JUN 22 AM 10:18

FILED

For further information concerning this matter, please call:

Kenneth Florio at ( 786 ) 713-5017  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CJOZ LLC

(Must contain 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:

6840 SW 81 Terrace  
Miami, FL 33143

Mailing Address:

6840 SW 81 Terrace  
Miami, FL 33143

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:

United States Registered Agents, Inc.

Name

9300 S. Dadeland Blvd., Suite 600

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

Miami, FL 33156

City

State

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.*

John Hoffman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JUN 22 AM 10:18  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Clement Zanzuri  
6840 SW 81 Terrace  
Miami, FL 33143

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 28, 2021 (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.

Kenneth R. Florio

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)

2021 JUN 22 AM 10:18  
CLERK OF STATE  
TALLAHASSEE, FL 32399

FILED