

L22000149592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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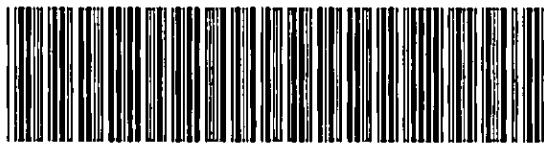
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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S. CHATHAM

APR 11 2022

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## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

SUBJECT: Scoben Investments, 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:

HENRY D. JAHN

**Name of Person**

# SCOBEN INVESTMENTS LLC

**Firm/Company**

1225 SARAH JEAN CIRCLE APT. 202

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**Address**

NAPLES, FLORIDA 34110

City/State and Zip Code

DOUGJAHN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. D. JAHN at (440) 313-7059  
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)

Number  
e  
SECRET  
TALLAHASSEE  
22 MAR 23 PM:2:2  
\$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

FILED  
12/1/2010  
Clerk  
U.S. Court of Appeals  
for the Federal Circuit

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SCOBEN INVESTMENTS 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:

1225 SARAH JEAN CIRCLE  
APT 202  
NAPLES, FLORIDA 34110

Mailing Address:

SAME

**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:

HENRY D. JAHN

Name

1225 SARAH JEAN CIRCLE APT 202

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

NAPLES      FLORIDA      34110

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..*

Henry D. Jahn

Registered Agent's Signature (REQUIRED)

(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

MGR**Name and Address:**

HENRY D. JAHN  
1225 SARAH JEAN CIRCLE APT 202  
NAPLES, FLORIDA 34110

AMBRScott D. JAHN

8391 STONEY BROOK  
CHAGRIN FALLS, OHIO 44023

AMBRBENJAMIN P. JAHN

696 ARROW TRAIL  
BOZEMAN, MONTANA 59718

(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:**Henry D. Jahn

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.

HENRY D. JAHN

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)

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FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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