

L24000180172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

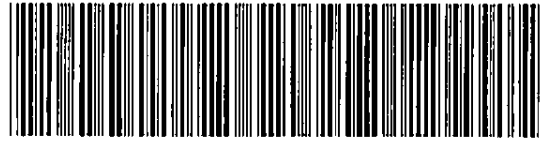
(Business Entity Name)

(Document Number)

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2024 APR 15 PM 1:28  
CLERK OF STATE  
TALLAHASSEE, FL

T. MATTHEWS  
APR 22 2024

**COVER LETTER**

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

**SUBJECT:** CJJB SUNSHINE INVESTMENT 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:

ALAN M. CELEJ, ESQ.  
Name of Person

CELEJ LAW PLLC  
Firm/Company

12730 MCGREGOR BOULEVARD  
Address

FORT MYERS, FL 33919  
City/State and Zip Code

christineboisvert001@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN M. CELEJ                      239                      266-2619  
at (\_\_\_\_\_) \_\_\_\_\_  
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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

CJB SUNSHINE INVESTMENT LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1800 Sans Souci Blvd., Unit 403  
North Miami, FL 33181

1800 Sans Souci Blvd., Unit 403  
North Miami, FL 33181

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:

Christine M. Boisvert  
Name

1800 Sans Souci Blvd., Unit 403  
Florida street address (P.O. Box **NOT** acceptable)

North Miami                      Florida                      33181  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

