

L 06000009772

(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



200064147992

01/20/06--01030--009 \*\*125.00

L201/27/ok

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN 20 PM 2:17

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FDI, 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:

Frank J. Gissaro, Esq.

(Name of Person)

Albertelli & Associates, P.L.

(Firm/Company)

330 A1A North, Suite 324

(Address)

Ponte Vedra Beach, Florida 32082

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank J. Gissaro, Esq.

(Name of Person)

at ( 904 )

285-1445

(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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
 06 JAN 20 PM 2:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FDI, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

13751 Wingfield Place  
Jacksonville, Florida 32224

13751 Wingfield Place  
Jacksonville, Florida 32224

**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:

Albertelli & Associates, P.L.  
Name

L04-14345

330 A1A North, Suite 324  
Florida street address (P.O. Box **NOT** acceptable)

Ponte Vedra Beach FL 32082  
City, State, and 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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

FILED  
05 MAR 20 PM 2:17  
STATE OF FLORIDA

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Justin Fransen

8397 Hedgewood Drive

Jacksonville, Florida 32216

MGRM

Faith Davidson

420 Timberwalk Court, # 1222

Ponte Vedra, Florida 32082

MGRM

Christine Issendorf

13751 Wingfield Place

Jacksonville, Florida 32224

(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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Justin Fransen  
\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN 20 PM 2:17

FILED

**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)