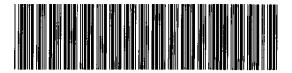
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JDJ PARTNERS, LLC	
5656611	ited Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Eric A. Lanigan, Esq.	•
	(Name of Person)
Lanigan & Lanigan, PL	
	(Firm/Company)
222 S. Pennsylvania Ave. #1	101
	(Address)
Winter Park, FL 32789	
(Ci	ty/State and Zip Code)
For further information concerning this matter, pleas	se call:
Eric A. Lanigan	at ( 407 ) 740-7379
(Name of Person)	at (
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY: COMPANY

	ALLAMASSEE LESIMON
ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
JDJ Partners, LLC	
· · · · · · · · · · · · · · · · · · ·	ed Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limite	ed 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:	Mailing Address:
1011 Weaver Drive	Same as Principal Address
Oviedo, FL 32765	
business entity with an active Florida registration.)  The name and the Florida street address of	on Registered Agent. You must designate an individual or another of the registered agent are:
Eric A. Lanigan	
	Name
222 S. Pennsylv	
Florida street address (P.O. Box NOT acceptable)	
Winter Park 32789 FL	
City,	State, and Zip
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of al lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows: 2009 JAN -8 PM 12: 47

SEER MY OF STATE Name and Address: Title: TALLAHASSEE, PLORISA "MGR" = Manager "MGRM" = Managing Member MGRM Jacqueline Joseph 1011 Weaver Drive Oviedo, FL 32765 MGRM Dorian Joseph 1011 Weaver Drive Oviedo, FL 32765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 2, 2009 ... (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.)

Eric A. Lanigan

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)