

L15000170297

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2015 OCT -6 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 7 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STDEE Associates, 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:

Thomas Colitsas

Name of Person

Thomas Colitsas + Associates, PA

Firm/Company

103 Carnegie Center, Suite 309

Address

Princeton, NJ 08540

City/State and Zip Code

+colitsas@tea.cpa.com

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

For further information concerning this matter, please call:

Samuel Deutscher at (609) 947-1561

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

THOMAS COLITSAS & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
103 CARNEGIE CENTER
SUITE 309
PRINCETON, NJ 08540
PHONE: 609 452 0889 FAX: 609 243 9602

FACSIMILE TRANSMITTAL SHEET

TO: FROM: Linda Citara
COMPANY: Allstate Legal Supply DATE: 8/28/15
FAX NUMBER: 800-634-5184 TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:
RE: SJNEE Associates, LLC

☒ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please process and mail minute book per attached and send directly to client. Thank you.

Debbie Linda

NOTE: Department of Treasury Circular 230 requires that we notify you that (i) any statement contained in this message or in an attachment to it relating to any Federal tax transaction or matter was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding penalties that may be imposed on the taxpayer and (ii) such statement may not be used by any person to support the promotion or marketing of or to recommend any Federal tax transaction(s) or matter(s).

This Message is intended solely for the addressee and may contain privileged and confidential information. Any dissemination of this information is strictly prohibited. If you have received this information in error please notify the sender immediately by telephone.

Thank you



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2015

THOMAS COLITSAS
THOMAS COLITSAS & ASSOCIATES, PA
103 CARNEGIE CENTER, STE 309
PRINCETON, NJ 08540

SUBJECT: SJDEE ASSOCIATES, LLC
Ref. Number: W15000063039

We have received your document for SJDEE ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

Letter Number: 015A00020039

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SJDEE Associates, LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1300 NW 29th Ave, Unit B
Delray Beach, FL
33445

Mailing Address:

1300 NW 29th Ave, Unit B
Delray Beach, FL
33445

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:

Samuel Deutscher
Name

1300 NW 29th Avenue, Unit B
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33445
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..

Sam Deutscher
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Samuel Deutscher
1300 NW 29th Avenue, Unit B
Delray Beach FL 33445

(Use attachment if necessary)

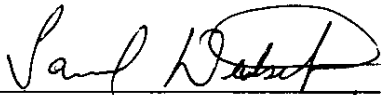
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

SAMUEL DEUTSCHER

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)