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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

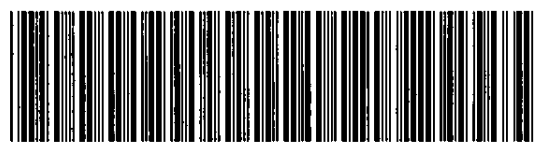
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALBANY, NEW YORK

g. 3/3/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J D SPECIAL PROJECTS, 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:

JOHN C. DAVIDS
Name of Person

Firm/Company

17627 CYPRESS POINT ROAD
Address

FORT MYERS, FL 33967
City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN C. DAVIDS
Name of Person

at (239) 357-9370
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

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REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 FEB 24 PM 2:08

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED BY: JESSICA
DATE: 2/23/16

J D SPECIAL PROJECTS, LLC

(Must end with 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:

Mailing Address:

17627 CYPRESS POINT ROAD
FORT MYERS, FL 33967

17627 CYPRESS POINT ROAD
FORT MYERS, FL 33967

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:

JOHN C. DAVIDS

Name


17627 CYPRESS POINT ROAD

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

FORT MYERS, FL 33967

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 605, F.S.



Registered Agent's Signature (REQUIRED)

2/23/16

(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

Name and Address:

AMBR

**JOHN C. DAVIDS
17627 CYPRESS POINT ROAD
FORT MYERS, FL 33967**

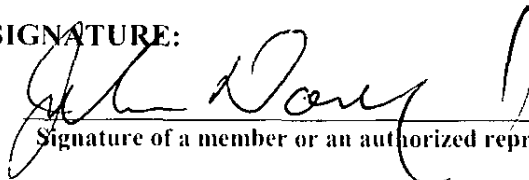
AMBR

**ROSALIE WILLIAMS
17627 CYPRESS POINT ROAD
FORT MYERS, FL 33967**

(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:

 2/22/10
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

JOHN C. DAVIDS

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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