

# L01000012129

Capitol Services, Inc.  
Requester's Name

1406 Hays St., Suite 2  
Address

Tallahassee, FL 32301 (850) 878-4734  
City/State/Zip Phone #  
Kathi/Brent

Office Use Only

01 JUL 24 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. J J DAMINETH LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

2001 JUL 24 AM 10:50  
SUFFICIENCY OF FILING

2001 JUL 24 AM 10:50  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Mail out
- Pick up time 7/24
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign 500004493635--4
- Limited Partnership -07/24/01--01039--016
- Reinstatement \*\*\*\*155.00 \*\*\*\*155.00
- Trademark
- Other

Examiner's Initials

*JB*  
*7/24/01*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **JJDAMINETH LLC**

**ARTICLE II - Address:**

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

65 Hamilton Street Amityville, New York 11701

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Neil Murphy  
 Name  
3683 Barbizon Circle North  
 Florida street address (P.O. Box NOT acceptable)  
Jacksonville, FL 32257 FL  
 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

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
 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.)

Mary DeMarco Abrams  
 Typed or printed name of signer

- FILING FEES:**  
 \$ 100.00 Filing Fee for Articles of Organization  
 \$ 25.00 Designation of Registered Agent  
 \$ 30.00 Certified Copy (OPTIONAL)  
 \$ 5.00 Certificate of Status (OPTIONAL)

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