

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**L010000017530**

SDM and Associates, LLC

000004631680--8  
-10/11/01--01055--007  
\*\*\*\*125.00 \*\*\*\*125.00

*W01-220001*

Art of Inc. File	_____
LTD Partnership File	_____
Foreign Corp. File	_____
<input checked="" type="checkbox"/> L.C. File	_____
Fictitious Name File	_____
Trade/Service Mark	_____
Merger File	_____
Art. of Amend. File	_____
RA Resignation	_____
Dissolution / Withdrawal	_____
Annual Report / Reinstatement	_____
<input checked="" type="checkbox"/> Cert. Copy	_____
<input checked="" type="checkbox"/> Photo Copy	_____
Certificate of Good Standing	_____
Certificate of Status	_____
Certificate of Fictitious Name	_____
Corp Record Search	_____
Officer Search	_____
Fictitious Search	_____
Fictitious Owner Search	_____
Vehicle Search	_____
Driving Record	_____
UCC 1 or 3 File	_____
UCC 11 Search	_____
UCC 11 Retrieval	_____
Courier	_____

01 OCT 11 AM 9:49  
RECEIVED  
01 OCT 11 PM 12:07  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

*10-12-01*

Signature \_\_\_\_\_

Requested by: SK

Name \_\_\_\_\_ Date 10/11/01 Time 11:58

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 11, 2001

CAPITAL CONNECTION, INC.

SUBJECT: JDM AND ASSOCIATES, L.L.C.  
Ref. Number: W01000023661

We have received your document for JDM AND ASSOCIATES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

The document must contain the entity's complete mailing address.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 901A00056709

APPROVED  
AND  
FILED  
01 OCT 11 AM 9:49  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****Article I - Name:**

The name of the Limited Liability Company is:

**JDM AND ASSOCIATES, LIMITED LIABILITY COMPANY**

**Article II - Address:**

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

**2501 Armistead Rd., Tallahassee, Florida 32308**

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

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

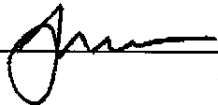
**John D. McCann**

Name

**2501 Armistead Rd., Tallahassee, Florida 32308**

Florida street address (P.O. Box NOT Acceptable)

*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.

(An additional article must be added if an effective date is requested)

  
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.)

**John D. McCann**

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)

NOV 11 AM 9:49  
AND  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE