

LD3000010360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

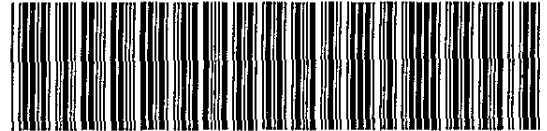
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100016988271

05/01/03--01016--002 \*\*250.00

03 APR 21 AM 9:28  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

TO MS MONNETTE CAUSSEY

SURV LLC DEPT NEW ACCOUNTS

Re: IDD LLC

1608 LLC

Enclosed is a check for \$250.00

when completed please mail back to

RICHARD LANDAU  
BUSINESS MANAGEMENT ACCOUNTING  
410 E. HALLANDALE BCH. BLVD., SUITE 202  
HALLANDALE, FL 33009

#125

IF ANY questions please call AT

954 4589858

Thank you



103-10360

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 21 AM 8:23

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: IDD, LLC

## ARTICLE II - Address:

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

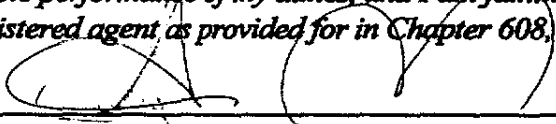
244 THREE ISLAND BLVD Suite 106  
HALLANDALE FL 33009

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

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

INA MARJAKANGAS  
Name  
244 THREE ISLAND BLVD Suite 106  
Florida street address (P.O. Box **NOT** acceptable)  
HALLANDALE FL FL 33009  
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.

(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.)

INA MARJAKANGAS  
\_\_\_\_\_  
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)

FILED  
STATE  
DIVISION OF CORPORATIONS  
03 MAR 21 AM 8:23