

L 03000041707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

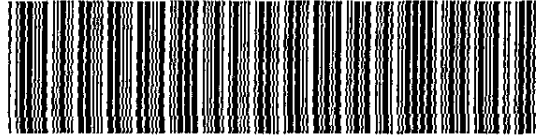
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/29/03--01004--018 **155.00

BRK

FILED
03 OCT 29 PM 2:09
RECEIVED
03 OCT 29 AM 11:37
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

FILED
03 OCT 29 PM 2:00
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

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

1. J. D. LIMITED LIABILITY COMPANY
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Owner's Initials

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

03 OCT 29 PM 2:00
FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

J. D. Limited Liability Company

ARTICLE II – Address:

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

**5025 Southwest 140th Court
Miami, FL 33175**

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual Life

ARTICLE IV – Management (Check box if applicable):

- The Limited Liability Company is to be managed by a manager or managers and name(s) and address(es) of such manager is, therefore, a manager – managed company.
- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members is/are:

**Jannet Diaz
5025 Southwest 140th Court
Miami, FL 33175**

(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.)

Jannet Diaz

Typed or printed name of signee

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)

ARTICLE V – Admission of additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI – Members Rights to Continue Business:

The right if given of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member of the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:



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.)

Jannet Diaz

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
J. D. Limited Liability Company

2. The name and the Florida street address of the registered agent is:

Jannet Diaz
Name

5025 Southwest 140th Court
Florida street address (P.O. Box NOT ACCEPTABLE)

Miami Florida 33175
City, State and Zip

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SIGNATURE

Filing Fee: \$35.00 for Designation of Register Agent.