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2004 DEC 23 P 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

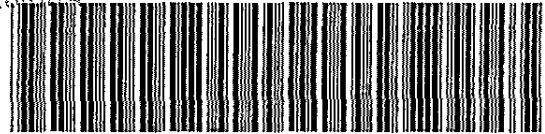
(Document Number)

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2004 DEC 23 P 4:10

TRANSMITTAL LETTER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: \_\_\_\_\_

J + D, LLC

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

<sup>125.00</sup>  
☒ ~~\$78.75~~  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

Joseph Angelo Desimone

Name (Printed or typed)

1589 Crossing Circle

Address

Palm City, Florida 34990

City, State & Zip

772-219-0315

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

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2004 DEC 23 P 4

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

J & D, LLC.

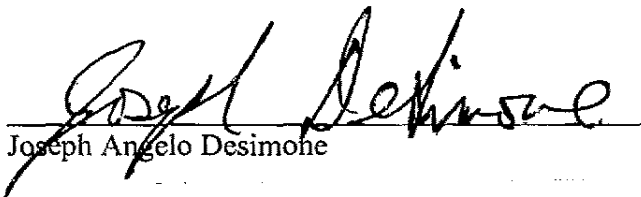
A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is J & D, LLC..
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:  
  
1589 Crossing Circle Palm City, Florida 34990
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
1589 Crossing Circle Palm City, Florida 34990
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Joseph Angelo Desimone  
1589 Crossing Circle  
Palm City, Florida 34990

*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.*

  
Joseph Angelo Desimore

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2004 DEC 23 P 4:10

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TALLAHASSEE, FLORIDA

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

December 10, 2004

  
Daniel Gaynon  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)