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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

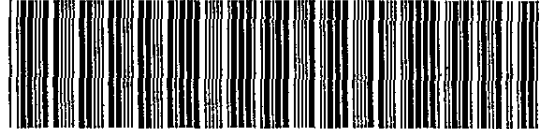
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

01/13/05--01032--005 \*\*160.00

J. BRYAN JAN 25 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JDM, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN VON HOENE  
(Name of Person)

ATTORNEY-AT-LAW  
(Firm/Company)

31 WAISBERG PINES CT.  
(Address)

SANTA ROSA BCH, FL. 32459  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN VON HOENE at (850) 598-7070  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
FLORIDA LIMITED LIABILITY CORPORATION**

**ARTICLE I - Name:**

The name of the Limited Liability Company is JDM, LLC.

**ARTICLE II - Address:**

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

**Principal Office:**

1213 J. D. Miller Rd  
Santa Rosa Beach, FL 32459

**Mailing Address:**

Mr. Richard Baty  
1213 J. D. Miller Rd  
Santa Rosa Beach, FL 32459

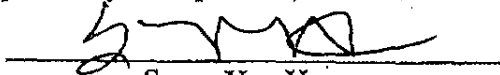
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TALLAHASSEE, FLORIDA

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

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

Susan Von Hoene, Esquire  
Law Offices of South Walton  
31 Whispering Pines Ct.  
Santa Rosa Beach, FL 32459

*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 provision 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 Chapter 608, Florida Statutes.*

  
Susan Von Hoene

FROM : Panasonic FAX SYSTEM...

PHONE NO. :

Jan. 05 2005 03:45PM F

**ARTICLE IV - Managing Member:**

Managing Member:

Mr. Richard Baty  
1213 J. D. Miller Rd  
Santa Rosa Beach, FL 32459

  
Mr. Richard Baty

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