

LOS-000050313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

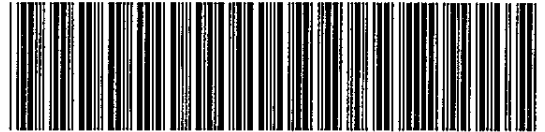
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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LOS-50313  
CFL

**Hal Poschmann**

3665 Park View Lane

Orient, NY 11957

Tel: 631 323 1239

Fax: 631 323 0059

*poschmann@att.net*

5/13/05

Registration Section  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please accept my enclosed application for registration of my Florida-based LLC. The filing fee of \$125.00 is enclosed.

Please note that the effective date of the mailing address for the LLC will be Jul 15.

Thank you for your kind attention.

Very truly yours,



2005 MAY 16 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FL 32302

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JDH Enterprises, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5658 Sheffield Greene Circle  
Sarasota, FL 34235

Same

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

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

Hal Poschmann

Name

5658 Sheffield Greene Circle

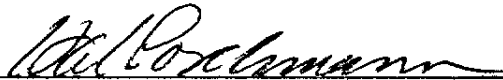
Florida street address (P.O. Box **NOT** acceptable)

Sarasota, FL 34235

FL

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

(CONTINUED)

2016 MAY 16 PM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Hal Poschmann

5658 Sheffield Greene Circle

Sarasota, FL 34235

MGR

Deborah Poschmann

5658 Sheffield Greene Circle

Sarasota, FL 34235

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Hal Poschmann

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

2005 MAY 16 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA