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## TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT:	J+·D.M.C. LL (Name of Limited			
	(Name of Limited	d Liability Company)		<u> </u>
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
	Diane n	Name of Person)		
	•	,		
	(1	Firm/Company)		
5	340 Stirling	Road Site	- 128_	TASS SE
1.	to lly wood Pr	- 33021 State and Zip Code)	<del></del>	SECRETARY OF STATE FALLAHASSEE FLORIDA
For further information concerning this matter, please call:				STATE LOAIDA
Name (Name	of Person)	at ( 954	-6812	_
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filin Certificate of St Certified Copy (additional copy is	tatus &
Regisi Divisi 409 E.	CET ADDRESS: tration Section on of Corporations . Gaines Street lassee, Florida 32399	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
H.D.M.C. 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:
5840 Stirling Road Suite 128 Same as principa Itallywood Pe 33021
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Diane Mainsille
Name
Florida street address (P.O. Box NOT acceptable)
Holly wood FL 33021 A ST City, State, and Zip
Having been named as registered agent and to accept service of process for the 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)

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

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

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Merm	Diane Mainville  5840 Stirling Road Site 1  Italy wood FL 33021	.28
(Use attachment if necessary)		, Se
NOTE: An additional article must be	added if an effective date is requested.	語以

**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.)

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)