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TO:

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* 2005 OCT -3 PM 3:43 Registration Section Division of Corporations

E JA

			TALLAHASSEE FLORIC
SUBJECT:	JDE LLC	<u> </u>	
•	(Name of Limited	l Liability Company)	
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:	
	Edward P.Jordan	II ·	
	(1	Name of Person)	
	Edward P. Jorda	n II P.A.	
	(Firm/Company)	
	604 N. Highway	27 North	
<u> </u>		(Address)	
	Minneola, Flori	da 34715	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Edward P. J	ordan TT	at (352)_394-10	100
	of Person)	(Area Code & Daytime Te	
•	,	,	
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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	No. W Add.	Street/Couries t dduos	_

Mailing Address
Registration Section

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

PALLAHASINE FINAITE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT

ARTICLE I - Name:

The name of the Limited Liability Company is:

JDE LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

1.200.000
19503 Eagle Run
Groveland, FL 34733

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

	Edward	P.	Jord	an	II		•
		••••	Name				
	604 N.	Ηi	ghway	27	•		
Florida street address (P.O. Box NOT acceptable)							
	Minneol	La		FL		34715	
	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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

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<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address:	IALLAHASSEE FLORI
MGRM	Dennis Hjorten 11506 Clair Place Clermont FL 3471	
MGRM	Eileen Baer	· · · · · · · · · · · · · · · · · · ·
	<u>19503 Eagle Run</u> — Groveland FL 3473	
MGRM	John Muller	
	4309 Palmetto Cin Clermont FI, 3471	
(Use attachment if ne	ecessary)	
	if other than the date of filing:	
to or 90 days after the date o	the date must be specific and cannot be more that filing.)	n nve business days prior

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.)

Zofarod / John Afform, in Fact
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)