

LD70000015725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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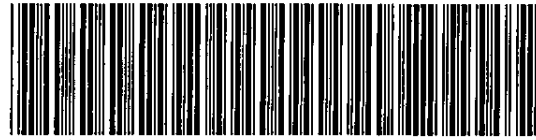
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ms*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2007

MICHELLE SIMMONS  
P.O. BOX 740565  
BOYNTON BEACH, FL 33474

SUBJECT: J.D.P. CONTRACTING, LLC  
Ref. Number: W07000002219

We have received your document for J.D.P. CONTRACTING, LLC. However, the document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

MARIA L FENDER  
OFFICE CLERK

Letter Number: 107A00003273

January 2, 2007

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

Re: Registering J.D.P Contracting, LLC

To whom it may concern;

Please find the attached documents for registering J.D.P Contracting as a LLC. Our office number is (561)966-7928. If you have any questions, please feel free to contact me. Thank you in advance for your attention regarding this matter.

Sincerely,



Michelle Simmons  
Office Manager

Please send to:

P.O. Box 740565  
Boynton Beach, FL 33474

Phone: (561)966-7928  
Fax: (561)966-7658

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

J.D.P. Contracting, "LLC"

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

### ARTICLE II - Address:

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

#### Principal Office Address:

SUZANNE NIZZARI

#### Mailing Address:

5801-A Colbright RD  
LAKE WORTH, FL 33467

### 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:

SUZANNE NIZZARI  
Name  
5801-A Colbright RD  
Florida street address (P.O. Box **NOT** acceptable)  
LAKE WORTH, FL 33467  
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..*

Suzanne Nizzari  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

"MGR"

**Name and Address:**

SUZANNE NIZZARI  
5801-A Colbright RD  
LAKE WORTH, FL 33467

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_  
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Suzanne Nizzari  
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.)

SUZANNE NIZZARI  
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)**