## LD8000068048

(Daniel de Mana)
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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**EXAMINER** 

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BECRETARY OF STATE

SECRETARY OF STATE

## **COVER LETTER**

Division of Co				
SUBJECT: JDM C	onsulting LLC			
	(Name of Limit	ted Liability Compa	any)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing	g.	
Please return all corresp	ondence concerning this mat	tter to the following	<b>;</b> :	
Juana D. N	Леjia			
		(Name of Person)		
JDM Cons	sulting LLC			
		(Firm/Company)		**************************************
10693 Wil	es Road Suite 11	5		
		(Address)		
Coral Spri	ngs, Florida, 3307	76		
	(Ci	ty/State and Zip Code	;)	
For further information of	concerning this matter, pleas	e call:		
Juana D. Mejia		_at (_954	775-523	31
(Name	of Person)	(Area Code	e & Daytime Tel	ephone Number)
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Division of Clifton Boundary 2661 Exe	ourier Address on Section of Corporation uilding cutive Center (	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	:	
JDM Consulting LLC		
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:	ainainal aggina agaba I insiana I int	.11% (7
The mailing address and street address of the p	rincipal office of the Limited Liab	onity Company is:
Principal Office Address:	Mailing Address:	
11053 Glenwood Drive	10693 Wiles Road Suite 115	
Coral Springs, Florida, 33065	Coral Springs, Florida, 33076	<del></del>
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's S	Signature:
The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individu	al or another
business endry with an active riorida registration.)		
The name and the Florida street address of the	registered agent are:	
Tuana D.	MOTIC D	
Name		
110 75 0 1	-1	
1/053 6/en	wood DR (W)	
	dress (P.O. Box NOT acceptable)	
CORAL SPRING	J.FL 33065 (m)	
City, State,	and Zip	
Having been named as registered agent and to	accept service of process for the ab	ove stated limited
liability company at the place designated in t	this certificate, I hereby accept the	appointment as
registered agent and agree to act in this capacit		
statutes relating to the proper and complete pe accept the obligations of my position as regi		
accept the obligations of my position as regi	sierea ageni as providea jor in Cha	ipier 000, F.S
	· ~	
uana)	Mera (pr)	08 TAL
Registered Agent's Signar	ture (REQUIRED)	E 8
		15 F
CONTIN	TIFIN	فسسبة يبهد بدائد

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:

-	Juana D. Mejia 11053 Glenwood Drive Coral Springs, Florida, 33065
-	11053 Glenwood Drive
•	
•	
	48 41 AV 10 10 10 10 10 10 10 10 10 10 10 10 10
	**************************************
•	
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se attachment if necessary)  V: Effective date, if other than the date tive date is listed, the date must be specified.	of filing: (OPTIO
V: Effective date, if other than the date of tive date is listed, the date must be specys after the date of filing.)	of filing: (OPTIO cific and cannot be more than five business
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