

LD8000078650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

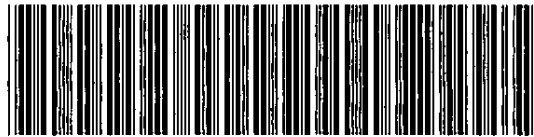
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/15/08--01006--002 **160.00

FILED
08 AUG 15 PM 1:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

08.08.2008 AUG 18 2008

August 13, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

RE: Formation of JVD Consulting Services, L.L.C.

In accordance with the Division of Corporations requirements to form a Florida Limited Liability Company, please find attached the following:

- Executed original Articles of Organization for Florida Limited Liability Company,
- Check made payable to the Florida Department of State in the amount of \$160.00 for the filing fee, certified copy, and certificate of status.

Also as required, my address is 2419 Euston Road, Winter Park, FL 32789, and daytime phone number is (407) 383-7462.

Thank you for your assistance with the attached and if you have any questions, please do not hesitate to contact me.

Sincerely,



Jay V. Diceghe

Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I – Name:

The name of the Limited Liability Company is:

JVD Consulting Services, L.L.C.

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

Article II – Address:

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

Principle Office Address:

2419 Euston Road

Winter Park, FL 32789

Mailing Address:

2419 Euston Road

Winter Park, FL 32789

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 and active Florida registration.)

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

Jay V. Diceglie

Name

2419 Euston Road

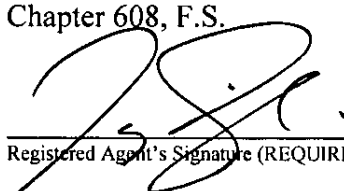
Florida street address (P.O. Box not acceptable)

Winter Park, FL 32789

City, State and Zip

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TALLAHASSEE FLORIDA

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:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

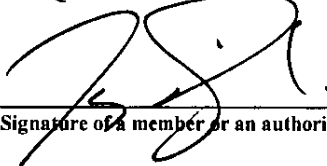
MGR

Jay V. Diceglie
2419 Euston Road
Winter Park, FL 32789

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:



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.)

Jay V. Diceglie

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)

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TALLAHASSEE FLORIDA