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SECRETARY OF STATE

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**EXAMINER** 

## **COVER LETTER**

Division of C	·		
SUBJECT: JUIVI I	Management, LLC (Name of Limit	ted Liability Company)	
	of Organization and fee(s) are	,-	,
Please return all corres	pondence concerning this mat	ter to the following:	
<del></del>		(Name of Person)	<del></del>
JDM Man	agement, LLC		
		(Firm/Company)	
1235 Sen	ninole Rd.	1 )	
-		(Address)	<del></del>
Atlantic B	each, Florida 322	33	
For further information	concerning this matter, pleas		2009 JAN 28 AH II: 09 SECRETARY OF STATE TALLAHASSEE, FLORIO
	e of Person)	at ()(Area Code & Daytime Telephone Number)	AH II: C
Enclosed is a check for	or the following amount:		10 A
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Certificate of Certificate of Certificate of Certified Contact of Certified Co	of Status &
	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	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	;	
JDM Management, LLC		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
1235 Seminole Rd.	1235 Seminole Rd.	
Atlantic Beach, Florida 32233	Atlantic Beach, Florida 32233	
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:		
Fortaleza Management, LLC		
12921 SW 1 Road, #107-4065		
	Idress (P.O. Box NOT acceptable)	
Jonesville	<sub>FL</sub> 32314	
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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Gapps Properties 1235 Seminole Rd. Atlantic Beach, Florida 32233 MGRM Gamms Leasing 1235 Seminole Rd. Atlantic Beach, Florida 32233

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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.)

Dennis Veith, Agent 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)