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(City/State/Zip/Phone #)

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2009 JUL 16 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 27 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJD BROTHERS CORP., LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Kapit

Name of Person

Firm/Company

5060 THOROUGHBRED LANE

Address

SOUTHWEST RANCHES FL 33330

City/State and Zip Code

KAPIT.J@EWM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON KAPIT

Name of Person

at (954) 650-4443

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2009

JASON KAPIT
5060 THOROUGHBRED LANE
SOUTHWEST RANCHES, FL 33330

SUBJECT: AJD BROTHERS CORP., LLC.
Ref. Number: W09000032870

We have received your document for AJD BROTHERS CORP., LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00024635

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AJD BROTHERS, LLC.

(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:

Principal Office Address:

5060 THOROUGHBRED LANE
SOUTHWEST RANCHES FL 33330

Mailing Address:

5060 THOROUGHBRED LANE
SOUTHWEST RANCHES FL 33330

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 other business entity with an active Florida registration.)

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

JASON KAPIT

Name

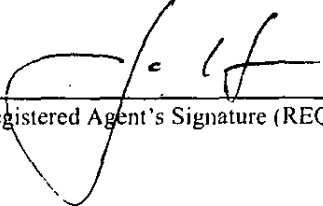
5060 THOROUGHBRED LANE

Florida street address (P.O. Box **NOT** acceptable)

SOUTHWEST RANCHES FL 33330

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)

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TALLAHASSEE, FLORIDA

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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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

JASON KAPIT, P.A.

5060 THOROUGHBRED LANE

SOUTHWEST RANCHES FL 33330

MGRM

DAVID KAPIT

3369 BOISE WAY

COOPER CITY FL 33026

MGRM

ADAM KAPIT

3812 SW 49TH CT

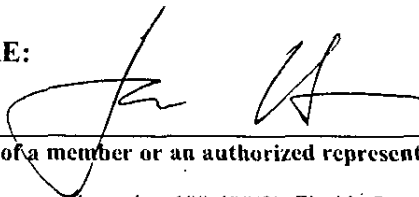
HOLLYWOOD FL 33312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 14, 2009 (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.)

JASON KAPIT

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)