# L09000107188

(Requestor's Name)	
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PICK-UP WAIT MAIL	
	:
(Business Entity Name)	,
(Document Number)	. ;
Certified Copies : Certificates of Status	
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Special Instructions to Filing Officer:	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

EFFECTIVE DATE 10/30/09

D. BRUCE

NOV 6 2009

**EXAMINER** 

# **COVER LETTER**

IU:	Division of Corporations	
SUBJE	JD Capital Consultants, LLC	
	Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	David Carraher	
	Name of Person	
	JD Capital Consultants, LLC	
	Firm/Company	
	1369 South Ridge Lake Circle	
•	Address	
	Longwood, FL 32750	
•	City/State and Zip Code	
	dcarraher@live.com	-
	E-mail address: (to be used for future annual report notification)	_
For furt	ther information concerning this matter, please call:	
	David Carraher at (516) 3618564 55 55 Name of Person Area Code & Daytime Telephone Number 55 33	י כ
	Name of Person Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
<b>]\$</b> 125.0	00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$(additional copy is enclosed)\$\$\$\$(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	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JD Capital Consultan	its, LLC
(Must end with the words "Limited Liability Co	mpany," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address: Ma	ailing Address:
	69 South Ridge Lake Circle ngwood, FL 32750
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)	ice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regist	ered agent are:
David Carrah	er ALS
Name	CONTRACTOR AND
1369 South Ridge La	ake Circle
Florida street address (P.O. Box	2/***
Longwood 32750 FL	75 \$ 1
City, State, and Zip	
Having been named as registered agent and to accept liability company at the place designated in this caregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registered.  Registered Agent's Signature (Figure 2)	ertificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and d agent as provided for in Chapter 608, F.S

(CONTINUED)

EFFECTIVE DATE 10/30/09

# 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:

"MGR" = Mana	Name and Address:
	<del>-</del>
"MGRM" = Ma	anaging Member
MGR	David Carraher
	1369 South Ridge Lake Circle
	Longwood, FL 32750
MGRM	Laura Carraher
	1369 South Ridge Lake Circle
	Longwood, FL 32750
	And the state of t
(Use attachmen	t if necessary)
	• •
LE V: Effective	e date, if other than the date of filing: October 30, 2009 (OPTIONAL)
LE V: Effective fective date is l	e date, if other than the date of filing: October 30, 2009 (OPTIONAL) isted, the date must be specific and cannot be more than five business days prior
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\$ 5.00 Certificate of Status (Optional)