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(Requestor's Name)
(Address)
(Address)
(riddicss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS MAR 3 1 2010 EXAMINER

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03/30/10--01018--011 **155.00

SECRETARY OF STATE

COVER LETTER

	ration Section n of Corporations		
SUBJECT: SJ	D Investments 2, LLC.		
	Name of Limi	ted Liability Company	
The enclosed Ar	ticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
Sanjay	P. Ratwani		
		Name of Person	
		Firm/Company	
РО Вох	15856		
		Address	
Sarasot	a, FL 34277		
		ity/State and Zip Code	
dratwan	i@gmail.com		_
•		for future annual report notification)	
For further infor	mation concerning this matter, pleas	se call:	
Sanjay Ratwa	ani	at (941) 400-6176	
·····	Name of Person	Area Code & Daytime Telep	hone Number
Enclosed is a cl	heck for the following amount:		
□\$125.00 Filing	Fee \$\square\$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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION		
ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
SJD Investments 2, LLC.		
The state of the s	iability Company, "L.L.C.," or "LLC.")	
ADDICEDIA		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
2825 Webber St	P.O. Box 15856	
Sarasota, FL 34239	Sarasota, FL 34277	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individu	
	io rogistato agoni are.	
Sanjay P. Ratwani Na	me	
2825 Webber St.		
	address (P.O. Box NOT acceptable)	
Sarasota	FL 34239	
	, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the acity. I further agree to comply with t performance of my duties, and I am	appointment as the provisions of all familiar with and apte \$08, ES
San San		MAR 30 CRETARY LAHASSE
Registered Agent's Sig	gnature (REQUIRED)	111 7
, (CON	ITINUED)	PH 2
LET DEN DEN PLE MURTIN	ge 1 of 2	PH 2: 08 OF STATE E.FLORIDA
Os to Sanyay	P. RAtwani	
	111 210 26.20	OJC

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	T .
MGRM	Danielle N. Ratwani
	2825 Webber St
	Sarasota, FL 34239
MGRM	Sanjay P. Ratwani
	2825 Webber St
	Sarasota, FL 34239
MGRM	Mary K. Worthy
	118 E. Leon Ln
	Cocoa Beach, FL 32931
(Use attachment if necessary)	on the date of filing: 03/23/10 (OPTIONAL)
CLE V: Effective date, if other tha	an the date of filing: 03/23/10 . (OPTIONAL) ust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date m	
CLE V: Effective date, if other the effective date is listed, the date me days after the date of filing.)	nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date median days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days pr
CLE V: Effective date, if other the effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE: Signature of a filing discordance we of this document.	nember or an authorized representative of a member. With section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other the effective date is listed, the date model of days after the date of filing.) REQUIRED SIGNATURE: Signature of a filing discordance we of this document.	nust be specific and cannot be more than five business days pr

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

* EN BORG

PENELOPE MURPHY
MY COMMISSION # DD 713029
EXPIRES: January 3, 2012
Bonded Tim Budget Notary Services

Page 2 of 2

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