## 10000062/53

(	(Requestor's Name)	
	(Address)	
-	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	, , ,	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions	to Filing Officer:	
]		

Office Use Only



06/09/10--01016--018 \*\*160.00



J. BRYAN

JUN 1 0 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: JD Energizing, LLC.	
		Liability Company
The er	nclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please	e return all correspondence concerning this matter	to the following:
	Lazaro M. Alfonso / Mabel Lago	
	N	lame of Person
	JD Energizing, LLC.	
		Firm/Company
	17350 N. W. 67th Avenue Apt# 301	
		Address
	Minus: 51, 00045	
	Miami, FL. 33015	State and Zip Code
	laz@jd-energizing.com / mabel@jd-er	•
	E-mail address: (to be used for	future annual report notification)
For fu	arther information concerning this matter, please of	all:
Lazai	ıro M. Alfonso / Mabel Lago	at ( 786 ) 356-7049
Lazai	Name of Person	Area Code & Daytime Telephone Number
		, ,
Enclo	sed is a check for the following amount:	
□\$125	5.00 Filing Fee \$\square\$\$\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
	•	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
		(additional copy is enclosed)
hnak'	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



ARTICLE I - Name:	, i
The name of the Limited Liability Con	nnany is:
The name of the Ennied Elability Con	inpany is.
ID Engraining LLC	
JD Energizing, LLC.	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	10: 5- 10
	- Called State of the Call Sta
The mailing andress and street address	
The maning address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
-	
Principal Office Address:	Mailing Address:
Principal Office Address:  17350 N.W. 67th Avenue	Mailing Address:  17350 N. W. 67th Avenue
Principal Office Address:  17350 N.W. 67th Avenue  Apt. # 301	Mailing Address:  17350 N. W. 67th Avenue  Apt. # 301
Principal Office Address:  17350 N.W. 67th Avenue  Apt. # 301  Miami, FL. 33015 (USA)	Mailing Address:  17350 N. W. 67th Avenue  Apt. # 301
Principal Office Address:  17350 N.W. 67th Avenue  Apt. # 301  Miami, FL. 33015 (USA)  ARTICLE III - Registered Agent, Reference Agent, Refere	Mailing Address:  17350 N. W. 67th Avenue  Apt. # 301  Miami, FL. 33015 (USA)  egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another

Lazaro N	/I. Alfonso	. <del>.</del>	
	Name		
17350 N	I. W. 67th Avenue	Apt# 301	
	Florida street addre	ess (P.O. Box <u>NOT</u> acc	eptable
Miami,		FL 33015	
	City, State	e, 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:

MGRM	Lazaro M. Alfonso	<u> </u>
	17350 N. W. 67th Avenue Apt# 301	<u></u>
	Miami, FL. 33015 (USA)	
MGRM	Mabel Lago	
	17350 N. W. 67th Avenue Apt# 301	
	Miami, FL. 33015 (USA)	
Use attachment if necessary)		
Use attachment if necessary)		

**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.)

LAZATO M. AlBanso / Mabel Lago
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)