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EXAMINER



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SECRETARY OF STATES
ALLAHASSEE, FITTES

COVER LETTER

•	. TO: Registration Section Division of Corpor					
	SUBJECT: JVD Estima	ting Services, LLC				
		Name of Limit	ed Liability Com	pany		
	The enclosed Articles of Org	anization and fee(s) are	submitted for fili	ng.		
	Please return all corresponde	nce concerning this matt	er to the following	ng:		
	Jeanne Van Dries	sche				
			Name of Person			
	JVD Estimating S	ervices, LLC				
			Firm/Company			
	987 Sequoia Cour	t				
		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address			
	Winter Springs, Fl	_ 32708				
		Cit	y/State and Zip Co	de		
	jeanne@jvdestima					
	E	-mail address: (to be used f	or future annual re	port notification	n)	
	For further information conc	erning this matter, please	e call:			
	Jeanne Van Driessche		at (_407	₎ 432-368	31	
	Name of Per	son	Area Co	de & Daytime T	Fel e pi	none Number
	Enclosed is a check for the	following amount:				
)		130.00 Filing Fee & Certificate of Status	Certified C (additional co			\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ro D P.	ailing Address egistration Section evision of Corporations O. Box 6327 ellahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Addration Section n of Corporati Building xecutive Centers See, FL 3230	ions er Cir	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	o.	
The name of the Limited Liability Company is	S .	
JVD Estimating	Services, LLC	
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
987 Sequoia Court	987 Sequoia Court	
Winter Springs, FL 32708	Winter Springs, FL 32708	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	10 to
Jeanne Van Driessche		FR € ·m
Nam	ie.	
987 Sequoia Court		<u>m</u> =< ∞ 1
Florida street a	ddress (P.O. Box NOT acceptable)	E PH PS:
Winter Springs,	FL 32708	3 5 · 5
City, S	State, and Zip	
Having been named as registered agent and to	o accept service of process for the a	bove stated limited

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:

17 B B Z 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name and Address:
"MGR" = Mar "MGRM" = M	nager Ianaging Member	
MGR		Jeanne Van Driessche
		987 Sequoia Court
		Winter Springs, FL 32708
		
	•	
(Use attachme	nt if necessary)	
	• •	-g gi (ODTIO
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LE V: Effective date is days after the	ve date, if other than the date listed, the date must be speed date of filing.) SIGNATURE: Signature of a member or a (In accordance with section 6)	cific and cannot be more than five business
LE V: Effective date is days after the	ve date, if other than the date listed, the date must be speed date of filing.) SIGNATURE: Signature of a member or a (In accordance with section 6)	n authorized representative of a member. 508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

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)