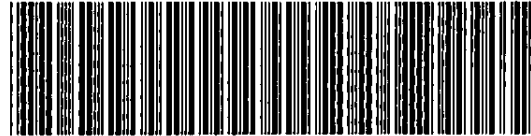


L11000084379



300209835133

07/14/11--01011--010 **130.00

Effective Date 8/1/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 21 PM 2:25

T. HAMPTON

JUL 21 2011

EXAMINER

1525-1100-3734

COVER LETTER

TO: Registration Section
Division of Corporations

(as in dog)
(as in dog)

SUBJECT: AJDD, 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:

Ami L DiLorenzo
Name of Person

Ami L DiLorenzo, P.A.
Firm/Company

504 SE 8th Street
Address

Ocala, FL 34471
City/State and Zip Code

ami.dilorenzo@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ami L. DiLorenzo at (352) 671.6700
Name of Person 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

RECEIVED

11 JUL 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 15, 2011

AMI L DILORENZO, PA
504 SE 8TH ST
OCALA, FL 34471

SUBJECT: AJDD, LLC
Ref. Number: W11000037341

We have received your document for AJDD, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 15, 2011. Please amend your document 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00016831

Effective Date 8/1/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AJDO, 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:

504 SE 8th Street
Ocala FL 34471

Mailing Address:

504 SE 8th Street
Ocala FL 34471

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 another business entity with an active Florida registration.)

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

Ami L DiLorenzo
Name

504 SE 8th Street
Florida street address (P.O. Box NOT acceptable)
Ocala FL 34471
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.

Ami L DiLorenzo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 21 PM 2:25

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ami L. Di Lorenzo
504 SE 8th Street
Ocala FL 34471

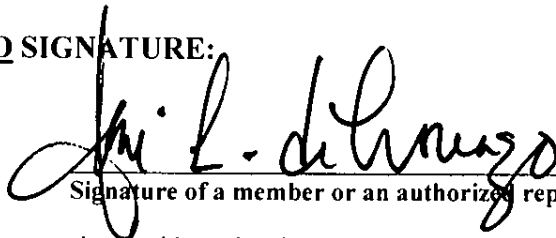
MGRM

James D. Di Lorenzo, II
13056 Bird Ave # D
Coconut Grove, FL 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/1/2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

AMI L. DILORENZO

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)

FILED
11 JUL 21 PM 2:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS