

L11000084379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

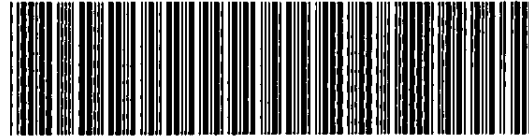
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

Effective Date

8/1/11

11 JUL 21 PM 2:25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

JUL 21 2011

EXAMINER

1582-1100

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

*(as in dog)*  
*(as in dog)*  
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 8<sup>th</sup> 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)

**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. D. Lorenzo  
504 SE 8th Street  
Ocala FL 34471

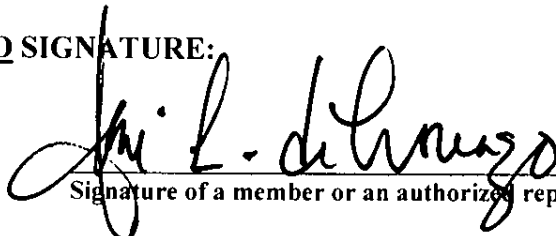
MGRM

James D. D. Lorenzo, II  
3056 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)