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EXAMINER



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ELUKETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	of Corporations		
SUBJECT: JD	APM, LLC		
		ted Liability Company	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
Jeffrey	L Ayscue, Truste	e	
<u>oomo</u> y		Name of Person	
JDAPN	И, LLC		
		Firm/Company	
12706	Flint Lake Drive		
<u>, -,</u>		Address	
Thonoto	sassa, Florida 3359	2	
	·····	ty/State and Zip Code	
jeff@byo	design.com	for future annual report notification)	
- 0 d d d	·	•	
For further informa	tion concerning this matter, pleas	se call:	
Jeff Ayscue		_ _{at (} 813 ₎ 253-2235 :	x 110
N	ame of Person	Area Code & Daytime Telep	phone Number
Enclosed is a chec	ck 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JDAPM, LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12706 Flint Lake Drive Thonotosassa, Florida 33592	12706 Flint Lake Drive Thonotosassa, Florida 33592
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered address.	ered Agent. You must designate an individual or another egistered agent are:
Jeffrey L Ayscue, Trust	ee AHAN SEP 1
Name	SSET
12706 Flint Lake	Drive ဌ의 모 <u>디</u>
Florida street add	ress (P.O. Box NOT acceptable)
Thonotosassa	ress (P.O. Box NOT acceptable)
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Serena M Ayscue Revocable Trust
	12706 Flint Lake Drive
	Thonotosassa, Florida 33592
MGRM	Jeffrey L Ayscue Revocable Trust
	12706 Flint Lake Drive
	Thonotosassa, Florida 33592
	
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(Use attachment if necessary)	
APTICIEV. Effective date if other tha	in the date of filing: (OPTIONAL)
(If an effective date is listed, the date m	ust 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 mentber 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.)

Jeffrey L. Ayscue, Trustee

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)