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J. Shivers JAN 2 7 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: J.D.P. Site Services, 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:		
Rudolph Pearson		
Name of Person		
Firm/Company		
7234 Copperfield Circle		
Address		
Lake Worth,FL 33467		
City/State and Zip Code	<b>T</b>	
jdpwaste@aol.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		ı
	75 F3 21	
Rudolph Pearson at 561 704-1250		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:	2-	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional cop	Status &	
Mailing Address Street/Courier Address		

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J.D.P. Site Services,LLC.				
(Must end with the words "L	imited Liability Company, "L.L.C.," o	r "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Co	mpany is:		
Principal Office Address:	Mailing Address:			
7234 Copperfield Circle	7234 Copperfield Circle			
Lake Worth, FL 33467	Lake Worth, FL 33467		-	
ARTICLE III - Registered Agent, Registered Company cannot serve as interest of the Limited Liability Company cannot serve as interest business entity with an active Florida region for the name and the Florida street address of the reg	its own Registered Agent. You must desistration.)	re: signate an indi	vidual o	or
Rudolph Pearson	Name		\(\frac{1}{2}\)	× 1
7234 Cpooerfield Circle		3		49 g
	O. Box NOT acceptable)	77. 77.	~ ~~	
Lake vvorτn	FL <b>33647</b>	<u>,                                     </u>	1 (4) 1 (4)	1
City	Zip	25	æ) H	·
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	y accept the appointment as registered a visions of all statutes relating to the prop	gent and agree er and comple	e to act i te perfo	in this ormance

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
"MGR"	Suzanne Pearson
	7234 Copperfield Circle
	Lake Worth, Ft. 33467
"MGR"	Rudolph Pearson
	7234 Copperfield Circle
	Lake Worth, FL 33467
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of filing.)	fic and cannot be more than five business days prior to or 90
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of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	A
of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi	per or an authorized representative of a member.
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 60)	per or an authorized representative of a member. 5.0203 (1) (b) Florida Statutes, the execution of this document
E VI: Other provisions, if any,  REQUIRED SIGNATURE:  Signature of a meni  (In accordance with section 6) constitutes an affirmation under	per or an authorized representative of a member.

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)