

L14000021806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

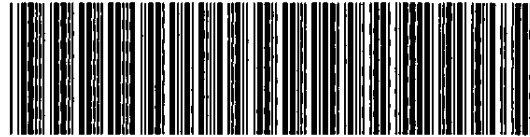
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Special Instructions to Filing Officer:

W14-5211

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 07 2014  
D. EMMING



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2014

JOSE M. RAMOS DA FONSECA  
4429 COQUINA WINDS WAY  
GREENACRES, FL 33463

SUBJECT: S.D.J AND ASSOCIATES, LLC  
Ref. Number: W1400005211

We have received your document for S.D.J AND ASSOCIATES, 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 605.0207, 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 January 22, 2014. Please amend your document accordingly.

Please return 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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 714A00001748

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TALLAHASSEE  
FLORIDA  
CLERK OF THE  
COURT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S.D.J AND ASSOCIATES, 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:

JOSE M. RAMOS DA FONSECA

Name of Person

S.D.J AND ASSOCIATES, LLC

Firm/Company

4429 COQUINA WINDS WAY

Address

GREENACRES FL. 33463

City/State and Zip Code

JOSEPH@SHELLCONSTRUCTION.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE DA FONSECA at 561 3965813

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

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S.D.J AND ASSOCIATES, 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:

Mailing Address:

4429 COQUINA WINDS WAY, GREENACRES FL. 33463

4429 COQUINA WINDS WAY, GREENACRES FL. 33463

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:

DIANA MONTOYA

Name

4429 COQUINA WINDS WAY

Florida street address (P.O. Box **NOT** acceptable)

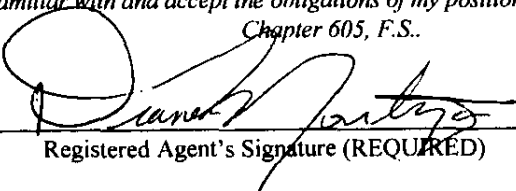
Greenacres

FL 33463

City

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JOSE M. RAMOS DA FONSECA

4429 COQUINA WINDS WAY, GREENACRES FL. 33463

MGR

DIANA MONTOYA

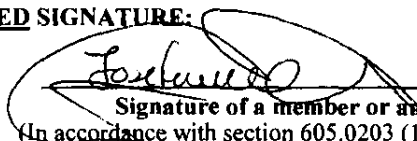
4429 COQUINA WINDS WAY, GREENACRES FL. 33463

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: DM (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.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

JOSE M. RAMOS DA FONSECA

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)

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TALLAHASSEE FLORIDA