

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

: (050)878-5368

Enternthe email address for this business entity to be used for future Sannual report mailings. Enter only one email address please.** ်**Email** Address:

T. .

FLORIDA LIMITED LIABILITY CO. JDLindsey Enterprise LLC

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COVER LETTER

	TO:	Registratio Division of	n Section Corporations		·
				1:4	•
	SUBJE	CT: IDLine	isev Enterprise LLC		
				mited Liability Company	
	The en	closed Article	s of Organization and fee(s) a	are submitted for filing.	
	Please	return all core	espondence concerning this n	outter to the following:	
	,,		-shouldeane sementially mis a		
		Justin Li	ndeev		
		303501 154		Name of Person	
		JDLinds	y Enterprise LLC		
				Firm/Company	
					•
		7501 No	rth Kendall Drive Suites 7&		
				Address	
				,	
		<u>Mlami, F</u>		City/State and Zip Code	
		Tuch	Inderio desti	-fil-A. com	
	_	JV/1 10 ,	E-mail address: (to be use	d for future annual report notification	etion)
	Can Sud	h : #		•	
•	LOI IMI	ner intormatic	on concerning this matter, ple	ase carr:	
			_	·	•
	<u>Justin I</u>	indsey Na	ne of Person	786) 218-8977 Area Code Davtime Te	lephone Number
				- Los 4444	
	Enclose	d is a check fo	or the following amount:	•	
		Filing Fec	□\$130.00 Filing F∞ &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
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			iling Address istration Section	Street/Courier Adda Registration Section	T93
		Div	islon of Corporations	Division of Corporat	ions
		P.O	. Box 6327	Clifton Building	

Taliahassee, FL 32314

2661 Executive Center Circle Tallahassee, PL 32301

				6.0
ARTICLES OF ORGANIZAT	ION FOR FL	ORIDA LIM	ITED LIABILITY COMPA	NY S
ARTICLE I - Name:				
The name of the Limited Liability Company Is	3 :			75
	. +			معسد المراكز
				Tho. 3
JDLindsey Enterprise LLC	- (67 !!ad F	Lille. O.	npany, "L.L.C.," or "LLC	ب ش~ ⁻
(Witter case with the Moles	2 . Filminga F	izoility Cot	npany, "L.L.C., or "LLC	(2) E
ARTICLE II - Address:				2/
The mailing address and street address of the	principal offi	ce of the Li	mited Liability Company	is:
Principal Office Address:		Mailing A	Address:	
7501 North Kendall Drive Suites 7&8		8390 SW	72nd Avenue	
Mismi, FL 33156		Apt #704		
		Miami, E	. 33143	
The name and the Florida street address of the		•		
C1	Corporation	System	·· ······	
	Name			
1200	South Pine I:	land Road	· 	
Florida street address	(P.O. Box N	OT accept	able)	
Plantatio	n	FL	33324	
City			Zip	
Having been named as registered agent and to the place designated in this certificate, I he capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	reby accept to provisions of cept the oblig	he appointn all statutes	nent as registered agent an relating to the proper and	nd agree to act in this complete performance
C T Corporation Sy	storff?			
By:	Th.	Jorda	n Brown Assistant Secre	etary
Registered Age	nt's Signatu	e (REQUII	RED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	Justin Lindsov 8390 SW 72nd Avenue. Apt #704 Miami. FL 33143
"MGR" = Manager AMBR	Justin Lindsoy
KUM	8390 SW 72nd Avenue, Api #704
	Miami, FL 33143
	400
	32
•	

Tective date is listed, the date must be spe	of filing: (OPTIONAL) effic and cannot be more than five business days prior to or 90 days after
LE V: Effective date, if other than the date feetive date is listed, the date must be spend filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	eific and cannot be more than five business days prior to or 90 days after
LE V: Effective date, if other than the date feetive date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (in accordance with section under constitutes an affirmation under 1 am aware that any false inform	
LE V: Effective date, if other than the date feetive date is listed, the date must be spe of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (in accordance with section under constitutes an affirmation under 1 am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

Page 2 of 2