L50008/9653

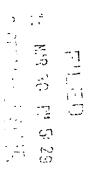
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| , |
| Certified Copies Certificates of Status |
| Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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EFFECTIVE DATE

APR 21 2015 S. YOUNG

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|---|---|---|----------------|
| SUBJECT: <u>J&D Flippi</u> r | 14 | 3357898 (JEDC nited Liability Company | 05361) | |
| The enclosed Articles of C | \ | | | |
| Please return all correspor | idence concerning this m | atter to the following: | | |
| Donna Smol | ko ONeal | | | |
| | | Name of Person | | |
| J&D Flipping | <u></u> | | | |
| | | Firm/Company | | |
| 326 176th a | ve cir | | | |
| | | Address | <i>y</i> . | |
| Redington S | hores, Fl 33708 | | ·· | |
| | | ity/State and Zip Code | .5 | |
| doneal@tampabay | r.com -mail address: (to be use | d for future annual report notifica | | • |
| For further information co | oncerning this matter, plea | ase call: | | i i |
| Donna ONeal Name o | at (at (| 727) <u>9472647</u> Area Code Daytime Te | | 55 55 45 |
| Enclosed is a check for th | e following amount: | | | |
| ☐ \$125.00 Filing Fee ☐ | 1\$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 | Street/Courier Add | ress | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| J&D Flipping (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | | | |
|---|--|--|---|--|--|
| RTICLE II - Ac | | al office of the Limited Liability Con | maant is: | | |
| • | | · | прану із. | | |
| Principal Office Address: 326 176th ave cir | | Mailing Address: | | | |
| | | 326 176th ave cir | | | |
| Redington Shores, Fl 33708 | | Redington Shores, FI 33708 | | | |
| | | | | | |
| The Limited Liab | | ice, & Registered Agent's Signatur own Registered Agent. You must designation | | | |
| nomer business e | nuty with an active riorida registra | adon.) | 4 3 7 5 | | |
| The name and the Florida street address of the registered agent are: | | \ \ \ ! | | | |
| | Inffrary MARIE and Consum | | ٠. و و و و و و و و و و و و و و و و و و و | | |
| | Jeffrey William Green Name | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| 120 175th ave e Florida street address (P.O. Box NOT acce | | D. NOT. | • *** • *** | | |
| | Florida street address (P.O.) | Box NOT acceptable) | ابن ٿَا | | |
| | Redington Shores | FL 33708 | | | |
| | 110011191011 0110100 | Zip | | | |
| | City | - | | | |
| Hzvina hoon nam | City | • | ted limited liability compan | | |
| | City ed as registered agent and to accep | ot service of process for the above stat ccept the appointment as registered as | | | |
| the place desig capacity. I furth | City ed as registered agent and to accep nated in this certificate, I hereby ac er agree to comply with the provision | of service of process for the above stat ccept the appointment as registered as ons of all statutes relating to the prop | gent and agree to act in thi er and complete performan | | |
| the place desig capacity. I furth | City ed as registered agent and to accep nated in this certificate, I hereby ac er agree to comply with the provision and I am familiar with and accept the | ot service of process for the above stat ccept the appointment as registered as | gent and agree to act in thi er and complete performan | | |
| | *************************************** | | | | |

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Page 1 of 2