

L150000 82321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

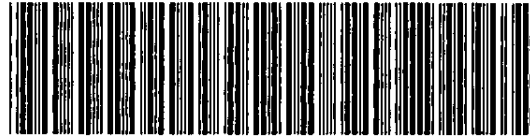
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~2014~~ ~~15-10085~~

Office Use Only



600269705376

02/24/15--01025--002 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 12 PM 3:44

APPROVED
AND
FILED

5/12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IDMF, 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:

Joseph D Fannin

Name of Person

IDMF, LLC

Firm/Company

1901 Blackwood Avenue

Address

Gotha FL, 34734

City/State and Zip Code

Joke2878@gmail.com

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

For further information concerning this matter, please call:

Joseph D Fannin

Name of Person

at (352)

Area Code

272-8835

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

SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

15 MAY 12 PM 3:44

RECEIVED
AND
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2015

JOSEPH FANNIN
1901 BLACKWOOD AVENUE
GOTHA, FL 34734

SUBJECT: JDM, LLC
Ref. Number: W15000016085

We have received your document for JDM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

You failed to make the correction(s) requested in our previous letter.

The attached form must be completed in order to file the document.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 515A00004602

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IDME, 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:1901 Blackwood Avenue
Gotha FL, 34734**Mailing Address:**1901 Blackwood Avenue
Gotha FL, 34734**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:

Joseph D Fannin

Name

1901 Blackwood AvenueFlorida street address (P.O. Box **NOT** acceptable)Gotha FL 34734
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)

Page 1 of 2

SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

15 MAY 12 PM 3:44

APPROVED
AND
FILED

ARTICLE IV-

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

Title:"AMBR" = Authorized
MemberAMBR**Name and Address:**Joseph D Fannin
1901 Blackwood Avenue
Gotha FL 34734

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)Joseph D Fannin

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)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 12 PM 3:44

APPROVED
AND
FILED