

L150000130418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

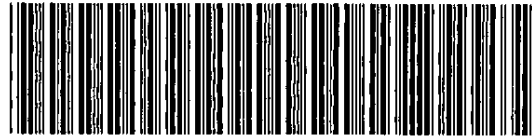
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

name in use  
W15000050867  
Spoke w/ Mr. Lin.  
Authorized Chg. of  
name to Jas Dong Investment II LLC

Office Use Only



400274266064

07/20/15--01016--012 \*\*160.00

FILED  
15 JUL 26 AM 8:02  
TALLAHASSEE, FLORIDA

R White  
Aug 03, 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2015

YI MEI LIN  
3904 BULA LN  
NORTH PORT, FL 34287

SUBJECT: JAJ DONG INVESTEMENT LLC  
Ref. Number: W15000050867

We have received your document for JAJ DONG INVESTEMENT LLC and your check(s) totaling \$160.00. 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.

The document number of the name conflict is M14000008889.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 115A00015815

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jaj Dong Investment 2 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:

Yi Mei Lin

Name of Person

Jaj Dong Investment 2 LLC

Firm/Company

3904 Bula Ln

Address

North Port FL 34287

City/State and Zip Code

xiandng@yahoo.com

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

For further information concerning this matter, please call:

Yi Mei Lin

239

7707720

at ( )

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**

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

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jai Dong Investment II LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

15 JUL 20 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3904 Bula Ln  
North Port FL 34287

Mailing Address:

3904 Bula Ln  
North Port FL 34287

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:

Yi Mei Lin

Name

3904 Bula Ln

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

North Port

FL

34287

City

State

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..*

Yi Mei Lin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Yi Mei Lin

3904 Bula ln

North Port FL 34287

Xian Zheng Dong

3904 Bula ln

North Port FL 34287

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/25/15 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Yi mei LIN

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Yi mei LIN

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)**