

L1500 0131554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

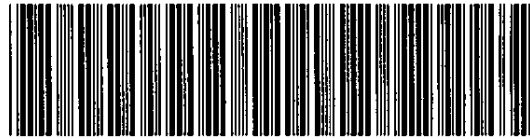
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300272346543

05/14/15--01022--009 \*\*125.00

FILED  
15 AUG -4 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 05 2015

J SHIVERS

2144



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2015

JUAN ALLER  
92 SW 3RD ST #2805  
MIAMI, FL 33130

SUBJECT: JDA HOLDINGS, LLC  
Ref. Number: W15000046917

We have received your document for JDA HOLDINGS, 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.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 515A00014614

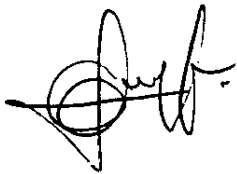
05/13/2015

NEW LLC

Please see attached Articles of Organization and a check for payment.

If any questions please call me at (786) 459-6784

Sincerely,

A handwritten signature in black ink, appearing to read 'Juan Aller', with a stylized circular flourish at the beginning.

Juan Aller

92 SW 3RD ST. #2805

Miami, FL 33134

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blanco Group, 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:

Juan Aller  
\_\_\_\_\_  
Name of Person  
  
Blanco Group, LLC  
\_\_\_\_\_  
Firm/Company  
  
92 SW 3rd Street # 2805  
\_\_\_\_\_  
Address  
  
Miami, FL 33130  
\_\_\_\_\_  
City/State and Zip Code  
  
jealler@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Aller                      786                      459-6784  
\_\_\_\_\_  
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 Address**  
Registration 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:

JEDA GROUP, 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:

JEDA GROUP, LLC

600 NE 36TH ST #709

MIAMI, FL 33137

Mailing Address:

JEDA GROUP, LLC

600 NE 36TH ST #709

MIAMI, FL 33137

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:

JUAN ALLER

Name

600 NE 36TH ST #709

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

MIAMI

FL

33137

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.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
15 AUG -4, AM 9:56  
SECRETARY OF STATE  
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

MGR

**Name and Address:**

JUAN ALLER

600 NE 36TH ST #709

MIAMI, FL 33137

(Use attachment if necessary)

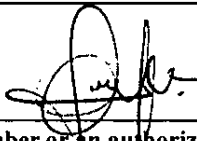
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**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:**



**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.

JUAN ALLER

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)**

FILED  
15 AUG 11 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA