

L15000137552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

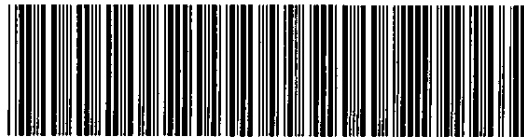
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THOMAS &
LOCICERO

Tampa

601 South Boulevard, Tampa, FL 33606
ph 813-984-3060 fax 813-984-3070 toll free 866-395-7100

South Florida

401 SE 12th Street, Ste. 300, Fort Lauderdale, FL 33316
ph 954-703-3416 fax 954-400-5415

8461 Lake Worth Road, Ste. 114, Lake Worth, FL 33467
ph 561-340-1433 fax 561-340-1432

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Gregg D. Thomas
Direct Dial: (813) 984-3066
gthomas@tlolfirm.com

Reply to: Tampa

VIA OVERNIGHT MAIL

August 7, 2015

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

Re: CDHJ Doc, LLC

Dear Sir or Madam:

Enclosed please find a cover letter, executed Articles of Organization and check no. 1073 in the amount of \$130.00, which represents the full filing fee, for CDHJ Doc, LLC.

We would kindly request that you provide us with a copy of the letter of acknowledgement that will be sent to CDHJ Doc, LLC upon filing and registration. Please do not hesitate to contact me if you have any questions.

Sincerely,

THOMAS & LOCICERO PL



Gregg D. Thomas

cc: Howard Jenkins

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CDHJ Doc, 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:

Howard Jenkins
Name of Person

CDHJ Doc, LLC
Firm/Company

3300 Publix Corporate Parkway
Address

Lakeland, FL 33811
City/State and Zip Code

hmjhmj@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Jenkins at (863) 688-1188
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CDHJ Doc, 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:

Mailing Address:

3300 Publix Corporate Parkway
Lakeland, FL 33811

3300 Publix Corporate Parkway
Lakeland, FL 33811

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:

Howard Jenkins

Name

3300 Publix Corporate Parkway

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

Lakeland

City

FL 33811

Zip

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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..

Howard Jenkins
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

Name and Address:

Howard Jenkins

3300 Publix Corporate Parkway

Lakeland, FL 33811

(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.

CDHJ Doc, LLC is a Manager-Managed Limited Liability Company. Only Managers have authority to bind
CDHJ Doc, LLC.

REQUIRED SIGNATURE:

Howard Jenkins

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.)

Howard Jenkins

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)