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(Cn	ry/State/Zip/Phone	± #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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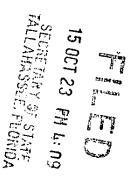
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J.D. Smith 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:
Jeremiah D. Smith Name of Person
J.D. Smith LLC Firm/Company
452 Pine Shadow Lane
Auburn clate FL 33823 City/State and Zip Code
jeremiah smith 8630 qmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
<u>kremian Smith</u> at (863) 258-8840 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □\$125.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

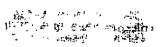
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

PECE1VID NE OCT 23 AM ID: 20



October 1, 2015

JEREMIAH D. SMITH NE 452 PINE SHADOW LANE AUBURNADALE, FL 33823

SUBJECT: J.D. SMITH LLC Ref. Number: W15000065332

We have received your document for J.D. SMITH 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.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 915A00020765

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Limited Liability Company is:
JD Smith Preservation LC
(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:
452 Pine Shadow Ln 452 Pine Shadow Ln Auburndale, FL Auburndale, FL 33823
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:
Jeremiah D Smith
HS2 Pine Shadow Ln. Florida street address (P.O. Box NOT acceptable)
Auburndale FL 33823 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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

at

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized	to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Jeremiah Smith
MGR	Tabitha Smith 452 Pine Shadow Ln Auburndale, FL 33823
	15 OCT 23
(Use attachment if necessary)	E 1
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and the date of filing.) ARTICLE VI: Other provisions, if any.	d cannot be more than five business days prior to or 90 days afte
REQUIRED SIGNATURE:	
	ocument to the Department of State
<u>Jeremio</u> Typed	or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Des of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ignation

ARTICLE IV-

Page 2 of 2