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## Attorneys and Counselors at Law

B. Larry Smith, P.A. "Snuffy"

322 East Park Avenue Chiefland, Florida 32626

B. SHANNON SMITH, P.A. "SHANNON"

Office (352) 490-5353 FACSIMILE (352) 490-5337

December 11, 2015

New Filing Section Division of Corporations POB 6327 Tallahassee FL 32314

RE: JD Squared Companies, LLC

To Whom It May Concern:

Please find enclosed my firm check numbered 5723 in the amount of \$130.00 and the original Cover Letter and Articles of Incorporation for filing in the above matter. Please forward the Certificate of Status to my office at 322 East Park Avenue, Chiefland FL, in the enclosed self addressed, stamped envelope.

In the meantime, I thank you for your time and consideration.

Sincerely,

**B. SHANNON SMITH** 

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BSS/cms

enc

## **COVER LETTER**

	egistration Section vision of Corporations
SUBJECT	JO Squared Companies, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Jared Gore
	Name of Person
	JD Squared Companies, LLC Firm/Company
	Firm/Company
	1470 SE 1012 Street
	Address
	Trenton, FL 32693
	City/State and Zip Code
_	Jaredgore (a) hotmail cum
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
_	Shannoh Smith at 352 490-5353  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	Signature   Signat
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle
	Tallahassee, FL 32301

## 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2 D	Squared Com	panies, LLC	
(Must end with the v	vords "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the l	Limited Liability Company is:	
Principal Office	Address:	Mailing Address	į <b>:</b>
1470 SE 1014	Street	1470 SE 101 5	treet
The Limited Liability Company cannot so	stered Office, & Registered		
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot so another business entity with an active Flo	stered Office, & Registered erve as its own Registered rida registration.)	ed Agent's Signature:	idual or
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot so another business entity with an active Flo	stered Office, & Registered erve as its own Registered rida registration.)  f the registered agent are:	ed Agent's Signature: Agent. You must designate an indivi	idual or
ARTICLE III - Registered Agent, Registant (The Limited Liability Company cannot so another business entity with an active Flo	stered Office, & Registered erve as its own Registered rida registration.)	ed Agent's Signature: Agent. You must designate an indivi	idual or TALL ARA
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot so another business entity with an active Flo	stered Office, & Registered erve as its own Registered rida registration.)  f the registered agent are:  Smith Law  Name	ed Agent's Signature: Agent. You must designate an indivi	idual or TALL ARASSI
ARTICLE III - Registered Agent, Registered Agent	stered Office, & Registered erve as its own Registered rida registration.)  f the registered agent are:	ed Agent's Signature: Agent. You must designate an indivi	idual or TALLARASSES
ARTICLE III - Registered Agent, Registered Agent	stered Office, & Registered erve as its own Registered rida registration.)  f the registered agent are:  Smith Law  Name  322 F. Par	ed Agent's Signature: Agent. You must designate an individual of the second of the sec	idual or TALL ARASSI

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<del></del>	
MGR	Jared Gore 1470 SE 101 = Street
MGR	Jeffery Butler 15607 Colding Loop Wingung, FL 33.5-98
	>- (.e.
EV: Effective date, if other than the date	
EV: Effective date, if other than the date ective date is listed, the date must be spen of filling.) The date inserted in this block does not memory's effective date on the Department of	ecific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date ective date is listed, the date must be spend filing.)  The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a menus document is executed I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Page 2 of 2