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Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.**

**JBD HOLDINGS, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
JBD HOLDINGS, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, does hereby form a limited liability company under the laws of the State of Florida.

**ARTICLE I  
Name**

The name of the limited liability company shall be **JBD HOLDINGS, LLC**.

**ARTICLE II  
Initial Principal Office Street and Mailing Address**

The Company's initial principal office street address and mailing address is 4912 Andros Dr., Tampa, FL 33629.

**ARTICLE III  
Period of Duration**

The limited liability company shall begin existence on the day of filing, and shall continue in perpetuity, or until dissolved in a manner provided by law or by regulations adopted by the Member of the limited liability company.

**ARTICLE IV  
Purposes**

The limited liability company may engage in the transaction of any or all lawful business for which limited liability companies may be formed under the laws of the State of Florida.

**ARTICLE V  
Registered Office and Registered Agent**

The street address of its initial registered office of the Company is 4912 Andros Dr., Tampa, FL 33629, and the name of its initial registered agent at that address Alan Rudolph, M.D.

**ARTICLE VI  
Management**

The management of the limited liability company, unless otherwise provided in the articles of organization or the operating agreement, shall be vested in the Member.

ARTICLE VII  
Organizing Member

The name and address of the organizing member executing these Articles of Organization are:

Name

Address

Alan Rudolph, M.D.

4912 Andros Dr.  
Tampa, FL 33629

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the 29 day of April, 2016.



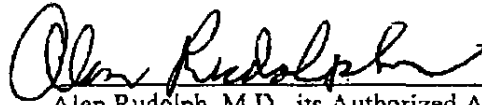
Alan Rudolph, M.D.  
Organizing Member

## ACCEPTANCE BY REGISTERED AGENT

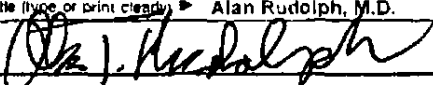
Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 29 day of April 2016.

REGISTERED AGENT:

  
Alan Rudolph, M.D., its Authorized Agent

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<b>Form SS-4</b> (Rev. January 2010) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN	
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested JBD HOLDINGS, LLC					
<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Executor, administrator, trustee, "care of" name			
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) 4912 Andros Dr.		<b>5a</b> Street address (if different) (Do not enter a P.O. box.)			
<b>4b</b> City, state, and ZIP code (if foreign, see instructions) Tampa, FL 33629		<b>5b</b> City, state, and ZIP code (if foreign, see instructions)			
<b>6</b> County and state where principal business is located Hillsborough, Florida					
<b>7a</b> Name of responsible party Alan Rudolph, M.D.			<b>7b</b> SSN, ITIN, or EIN 080-34-8536		
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<b>8b</b> If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> 1		
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9a</b> Type of entity (check only one box). Caution: If 8a is "Yes" see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Disregarded Entity			<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
<b>10</b> Reason for applying (check only one box)					
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ Holder of Retirement Plan					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
<b>11</b> Date business started or acquired (month, day, year). See instructions. January 2016			<b>12</b> Closing month of accounting year December		
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14					
Agricultural -0-		Household -0-		Other -0-	
<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>					
<b>15</b> First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).					
<b>16</b> Check one box that best describes the principal activity of your business					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input checked="" type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____					
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Holder of Retirement Plan					
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" write previous EIN here ▶ _____					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
<b>Third Party Designee</b> Designee's name Radha V. Bachman, Esq. Address and ZIP code 4221 W. Boy Scout Blvd., Ste. 1000, Tampa, FL 33607		Designee's telephone number (include area code) ( 813 ) 229-4382 Designee's fax number (include area code) ( 813 ) 229-4133			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.					
Name and title (Type or print clearly) ▶ Alan Rudolph, M.D.					
Signature ▶  Date ▶ 1/5/2016					
Applicant's telephone number (include area code) (913) 886-2728 Applicant's fax number (include area code)					