L16000 190573

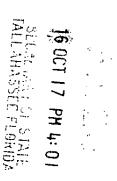
(Requestor's Name)
(Address)
· · ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
2
Special Instructions to Filing Officer:

Office Use Only



000290502910

09/27/16--01012--023 **155.00



10 112/16

COVER LETTER

TO: Segistration Section Division of Corporations
SUBJECT: J. D. R. L. L.C.
SUBJECT: J. D. B. L. L.C. 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:
Jeffrey O Dennett
Name of Person
Firm/Company
6020 Channel court
6070 Channel Court Address
Jacksonville Fr 32244 City/State and Zip Code Then jeffrey & gmail. Com
City/State and Zip Code
J benn jettry & gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tett Bearing Con 525-1960
Teff Bennery at (904) 535-1968 Name of Person Area Code Daytime Telephone Number
Name of Ferion Real Code Daytime Felephone Name of
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



RECEIPE

16 OCT 17 PM I2: 33

FLORIDA DEPARTMENT OF STATE Division of Corporations REAC DESCRIPTIONS REPRESENTED A PROPERTY OF THE PROPERT

October 6, 2016

JEFFREY D BENNETT 6070 CHANNEL COURT JACKSONVILLE, FL 32244

SUBJECT: JDB SERVICES LLC Ref. Number: W16000066755

We have received your document for JDB SERVICES LLC and your check(s) totaling \$155.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 316A00020851

Division of Communities D.O. DOV 6997 Mallalance Florida 9991

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	romental Scivices by J.D.B. L.
JDB LLC	DB Services 4
(Must end with the words "Limited Liability C	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:
5070 Channel Court Jucksonville, Fr 32244	DO BOX 440354 Jax 1 FL 32222
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Jeffrey D Name	Bennett SSE
6070 Cha	naci Court
Florida street address (P.O. Box Talk Janville	Fi 322 yel
City State	

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager II A MBR"	Jeffry D BenneTT 6070 Channel Court Jap 1 F2 32244
	Jup, FL 32244
effective date is listed, the date must be spec te of filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.) If the date inserted in this block does not measurement's effective date on the Department of	ific and cannot be more than five business days prior to or 90 days the the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.)	ific and cannot be more than five business days prior to or 90 days the the applicable statutory filing requirements, this date will not be list State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.) If the date inserted in this block does not measurement's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or 90 days the the applicable statutory filing requirements, this date will not be list State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.) If the date inserted in this block does not me ocument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of this document is executed I am aware that any false it constitutes a third degree of the service of the constitutes at third degree of the service of the constitutes at third degree of the constitutes at the c	the applicable statutory filing requirements, this date will not be liestate's records. Determined a member. In a coordance 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.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.) If the date inserted in this block does not me current's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of this document is executed I am aware that any false it constitutes a third degree of the second of the constitutes at third degree of the second of the constitutes at third degree of the constitutes at the con	the applicable statutory filing requirements, this date will not be lies state's records. There or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statistes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specte of filing.) If the date inserted in this block does not me ocument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of this document is executed I am aware that any false it constitutes a third degree of the service of the constitutes at third degree of the service of the constitutes at third degree of the constitutes at the c	ific and cannot be more than five business days prior to or 90 days bet the applicable statutory filing requirements, this date will not be life. State's records. State's records. Typed or printed name of signee
CLE V: Effective date, if other than the date of effective date is listed, the date must be spected of filing.) If the date inserted in this block does not me ocument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the degree of the degree of the degree of the date of the	the applicable statutory filing requirements, this date will not be lies state's records. There or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statistes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2