L17000104/20

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2017

SHIRLEY DENNIE 1443 N. MANGIONIA CIR. W. PALM BCH., FL 33401

SUBJECT: SJD PROPERTIES LLC Ref. Number: W17000026319

We have received your document for SJD PROPERTIES LLC and your check(s) totaling \$130.00. 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.

The document number of the name conflict is L04000082558.

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 817A00005820

www.sunbiz.org

Division of Communities - D.O. DOV 0007 Mullish and Electronic Block 10001

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	SJD Properties LLC
SOBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Shirley J. Dennie
	Name of Person
	SJD Properties LLC
	Firm/Company
	1443 N> Mangoinia Circle
	Address
	West Palm Beach, Fl. 33401
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Shirley J. Dennie 31 (.561) 309 - 1870
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	S130.00 Filing Fee & Certificate of Status Certificate of Status S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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:		
•	rith the words "Limited I	Jeni e	2, LC. "or "II C.")
w Dita scurvi	in the words Limited I	saomiy Company,	L.E.C., or LEC.
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limited l	Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
1443 N. Mangonia Cir	rele	1443	N. Mangonia Circle
West Palm Beach			Palm Beach
Florida 33401		<u>Floric</u>	la33401
another business entity with an ac The name and the Florida street a			
	Shirley J. Dennie		
		Name	
	1443 N. Mangonia Cir	cle	
	Florida street address	(P.O. Box NOT ac	ceptable)
	West Palm Beach	Florida	
	City	State	Zip
place designated in this certificate,	hereby accept the appoi	ntment as registere	above stated limited liability company at d agent and agree to act in this capacity.

the 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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Redvey H. Jenni	e	•
	W. PAIN BOOK	<u>v</u> () 2 3	361
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(Use attachment if necessary)			
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n effective date is listed, the date must be specifical late of filing.) e: If the date inserted in this block does not meet a document's effective date on the Department of St	c and cannot be more than five business days put the applicable statutory filing requirements, this	rior to or 9	•
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Signature of a member This document is executed in I am aware that any false info	c and cannot be more than five business days put the applicable statutory filing requirements, this	rior to or 9 date will n	ot be liss
REQUIRED SIGNATURE: Signature of a prember this document is executed in lam aware that any false inforcement are the constitutes a third degree felo.	the applicable statutory filing requirements, this tate's records. Local Decrete or an authorized representative of a member accordance with section 605.0203 (1) (b), Floriormation submitted in a document to the Department	rior to or 9 date will n	ot be liss
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