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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Centified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
W19-96	297	





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19 OCT 20 計1 題: 54

2019 OCT 30 PM 12: 33 SECRETARY OF STATE, FALL ANASSEE FRESHE,

199 0 6 **2019** √ Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.: I20000000195

REFERENCE: 027794 7247594

AUTHORIZATION:

COST LIMIT: 185.00

ORDER DATE: October 29, 2019

ORDER TIME: 5:02 PM

ORDER NO.: 027794-005

CUSTOMER NO: 7247594

DOMESTIC FILING

NAME: J&DS PLANNING, LLC

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EFFECTIVE DATE:

EXAMINER'S INITIALS:

74

COVER LETTER

	tegistration Section Division of Corporations		
SUBJECT	J&DS PLANNING, LLC		
SUBJECT		Limited Liabil	ity Company
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	arn all correspondence concerning this	matter to the	following:
	Joseph A. Romano, Esq.		
		Name of	Person
	Stern Klicullen & Rufolo, LLC		
		Firm/Co	mpany
	325 Columbia Tpke, Ste 110		
		Addr	ess
	Florham Park, NJ 07932-0992		
]romano@sgklaw.com	City/State an	d Zip Code
		: (to be used fo	or future annual report notification)
For further	information concerning this matter, p	lease call:	
Joseph R	omano, Esq.	973	535-2631
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$ 125.00 Fi		Certifi	0 Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATIO	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
J&DS Planning, LLC (Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
214 Brazilian Avenue, Ste 200 Palm Beach, Florida 33480	214 Brazilian Avenue, Ste 2 <u>00</u> Palm Beach, Florida 33480
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must designate an individual or
The name and the Florida street address of the re-	gistered agent are:
Kevin . Kilcullen, Esq.	
	Name
214 Brazillan Avenue,	Ste 200
Florida street address (P	O. Box NOT acceptable)
Palm Beach	FL 33480
City	Zip
the place designated in this certificate, I hereb	cept service of process for the above stated limited liability company a y accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance

Registered Agent's Signature (REQUIRED)

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)

Page 1 of 2

TALLAN ACCEPTANTE OF STATE

<u>Fitle:</u> 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address;
AMBRIMGR - Joel Schleicher	c/o Stern Kilcullen & Rufolo, LLC 214 Brazillian Avenue Ste 200 Palm Beach, Florida 33480
AMBR - Diane Schleicher	c/o Stern Kilcullen & Rufolo, LLC 214 Brazillian Avenue Ste 200 Palm Beach, Florida 33480
V: Effective date, if other than the date of filing	
E V: Effective date, if other than the date of filing ctive date is listed, the date must be specific and filling.)	d cannot be more than five business days prior to or 9
LV: Effective date, if other than the date of filing ctive date is listed, the date must be specific and filling.)	. (OPTIONAL) d cannot be more than five business days prior to or 9
E.V: Effective date, if other than the date of filing ctive date is listed, the date must be specific and filling.) E.VI: Other provisions, if any.	. (OPTIONAL) d cannot be more than five business days prior to or 9
E. V: Effective date, if other than the date of filing ctive date is listed, the date must be specific and filling.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 constitutes an affirmation under the	an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p Kevin M. Kilcullen, Esq.,	an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State

Page 2 of 2