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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of s	Status
Special Instruction	s to Filing Officer	
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k Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 063537 5156901
AUTHORIZATION: Spelle Rear
COST LIMIT : \$ 125.00
ORDER DATE: November 26, 2019
ORDER TIME : 3:51 PM
ORDER NO. : 063537-005
CUSTOMER NO: 5156901
DOMESTIC FILING
NAME: JFDR LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT. 62968
EXAMINER'S INTTIALS.

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC		FDR LLC
30000		Limited Liability Company
The encl	osed Articles of Organization and fee(s	are submitted for filing.
	eturn all correspondence concerning this	•
	the state of the s	matter to the following.
		Name of Person
	Meister Seelig & Fein LLP	
		Firm/Company
	125 Park Avenue, 7th Floor	
		Address
	New York, New York 10017	
	ph@msf-law.com	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further	information concerning this matter, ple	ase call:
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address Now Ellies Services
	Division of Corporations	New Filing Section Division of Corporations

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JFDR LLC	
(Must contain the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
157 Tara Orive	157 Tara Drive
Roslyn, New York 11576	Roslyn, New York 11576
RTICLE III - Registered Agent, Registered Office, & R	legistered Agent's Signature:
The Limited Liability Company cannot serve as its own Reg	legistered Agent's Signature: gistered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.)	ristered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.)	ristered Agent. You must designate an individual or ent are:
The Limited Liability Company cannot serve as its own Regnother business entity with an active Florida registration.) The name and the Florida street address of the registered age Corporation Service Co	ristered Agent. You must designate an individual o ent are:
The Limited Liability Company cannot serve as its own Regnother business entity with an active Florida registration.) The name and the Florida street address of the registered age Corporation Service Co	ristered Agent. You must designate an individual o ent are:
Na 1201 Hays Street	ristered Agent. You must designate an individual o ent are:

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 jurther 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.,

Corporation Service Company

State

City

Corporation Service Company

Troy Todd

85 its agent

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TALL SEPTIMENT STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company. Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR JILL FRIEDMAN 157 TARA DRIVE ROSLYN, NEW YORK MGR DAWN ROSENFELD 32 PORTER PLACE GLEN COVE, NEW YORK 11542 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after Note: If the date inserted in this block does not incer the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)