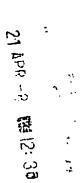
L2 1000 147722

(Requestor's Name) (Address) (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
tified Copies Certificates of Status
pecial Instructions to Filing Officer:

Office Use Only



200363537102







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:04	/07/2021	
Name:		 _
Reference #:	4050000	
Entity Name:		JDF LAW, LLC
✓ Articles o	f Incorporation/Author	rization to Transact Business
☐ Amendm	ent	
Change o	of Agent	
Reinstate	ment	
Conversion	on	
☐ Merger		
Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	unt: \$125. 0	0
Signature:	In Prin	ry

COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT:	:	JDF LAW, LLC	
		imited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this i	matter to the following:	
		Joanne D. Flanagan	
		Name of Person	
		JDF I.AW, LLC	
		Firm/Company	
		2221 Goshawk Court	
		Address	
		Naples, FL 34105	
		City/State and Zip Code	
_	E-mail address: (to be use	ed for future annual report notification	on)
For further in	formation concerning this matter, plea	ase call:	
-	Joanne D. Flanaganat (00
	Name of Person	Area Code Daytime Telephone	2 Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 Division of Corporations	New Filing Section Division of Corporation	ons
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cente Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	JDF LAW, LLC				
(Must cont	ain the words "Limited Liability (Company, "L.L.	C" or "LLC.")		
RTICLE II - Address: he mailing address and street a	ddress of the principal office of th	ne Limited Liabi	lity Company is:		
<u>Princip</u>	pal Office Address: Mailing		Mailing Addr	ess:	
2221 Goshawk	Court Naples, FL 34105	2221 Goshawk Court Naples, FL 341		es, FL 34105	
	· · · · · · · · · · · · · · · · · · ·				
other business entity with an	ent, Registered Office, & Regist cannot serve as its own Registere active Florida registration.) address of the registered agent are	ed Agent. You n		,	
other business entity with an	cannot serve as its own Registere active Florida registration.) address of the registered agent are	ed Agent. You n		lividual or	
nother business entity with an	cannot serve as its own Registers active Florida registration.) address of the registered agent are COGENCY (Name	ed Agent. You n e: GLOBAL INC.	nust designate an inc	,	
nother business entity with an	cannot serve as its own Registered active Florida registration.) address of the registered agent are COGENCY (Name	ed Agent. You n e: GLOBAL INC.	nust designate an inc	,	
nother business entity with an	cannot serve as its own Registers active Florida registration.) address of the registered agent are COGENCY (Name	ed Agent. You n e: GLOBAL INC.	nust designate an inc	,	
nother business entity with an	address of the registered agent are COGENCY (Name 115 North Calho Florida street address (P.O. Bo	e: GLOBAL INC. oun Street, Suit ox NOT acceptor Florida	te 4	,	

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u>		Name and Address:	
	"AMBR" = Authorized	Member		
•	"MGR" = Manager Member		Joanne D. Flanagan	
-	Member		2221 Goshawk Court	
			Naples, FL 34105	
_				
_				
-				
				
((Use attachment if nece	ssary)		
If an effe he date of Note: If the the docum	ctive date is listed, the filing.) the date inserted in this	date must be specific and block does not meet the a the Department of State's	. (OPTIONAL) cannot be more than five business days prior to or 90 da pplicable statutory filing requirements, this date will not be records.	-
	e. VI: Other provisions.			_
I	REQUIRED SIGNAT	URE:		_
	This do I am aw	cument is executed in accurate that any false informat	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of States provided for in s.817.155, F.S.	
		Jo	anne D. Flanagan	
	-	_	or printed name of signee	
			•	

as

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)