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To:

Division of Corporations Fax Number : (850)617-6381

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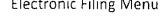
Account Name : GINN & PATROU, PA Account Number: 120190000124 Phone : (904)461-3000 Fax Number : (844)730-9828

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO.

JJD Retreat LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
JJD Retreat LLC			
(Must conta	in the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limited	I Liability Company is:
Principa	d Office Address:		Mailing Address:
137 Parkin Rd		114	1 Overdale Rd
Pomona Park, FL 321	81		Augustine, FL 32080
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registrati	n Registered Agent. on.)	nt's Signature: You must designate an individual or
The Marine and the Frontier Street a	auress of the registere	a agent are.	
	Ginn & Patrou, PLL	.c	<u> </u>
		Name	
	460 A1A Beach Blv	d	<u> </u>
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
	St. Augustine	FI.	32080
	City	State	Zip

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)

2024 AUG 13 PM 12: 38

<u>Title:</u> "AMBR" = Authorized Me "MGR" = Manager	Name and Address: mber
AMBR	Donna Nicolosi 124 Sevchelles Ct St. Augustine, FL 32080
AMBR	Joshua Isaacson 1141 Overdale Rd St. Augustine, FL 32080
AMBR	Jennifer Isaacson 1141 Overdale Rd St. Augustine, Ff. 32080
(If an effective date is listed, the date the date of filing.)	than the date of filing:
ARTICLE V: Effective date, if other (If an effective date is listed, the date the date of filing.) Note: If the date inscreed in this block.	than the date of filing: Pilarland (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after k does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.

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)