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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770 SECRETATION OF STATE

LIMITED LIABILITY COMPANY

JDS OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155,00

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ARTICLES OF ORGANIZATION FOR FLORIDA LEMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JDS OF FLORIDA, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7330 S.W. 135th Terrace Pinearest, FL 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur

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- AON

The name and the Florida sweet address of the registered agent are:

John S. Shepard

7330 S.W. 133th Terrade

Florida street address (P.O. Box NOT acceptable)

Pincerage FL 33156

City, State, and Zip

AM 9: 22 OF STATE E. FLORIDA

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 tapocity. If other 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 egent as provided for in Chapter 608, F.S.,

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - manager company.

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(An additional analogoust be added it an effective date is requested)

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Summes, the exacution of this document constitutes in affirmation under the penalties of parjory that the facts stated herein are true,)

John S. Shepard

Typed or printed name of signer

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: JDS OF FLORIDA, LLC	-	
2. The name and the Florida sweet address of the registered agent and office are:	SECI SECI)
John S. Shepard	NOV -8 CRETAR) LAHASSI	
(Name)	111	·
7330 S.W. 135th Terrace	P. P.	
Florida super address (P.O. Box NOT Acceptable)	M 9: 22 F STATE FLORIDA	+
Pincerost FL 33156	_	
City/Sute/Zlp		
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate. I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all reliating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, F.S (Signature)	statutes	

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