

T. LEMIEUX
OCT 23 2024

12/2/2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JDJ Ventures, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Javier Rodil

Name of Person

Firm Company

18459 Pines Blvd #311

Address

Pembroke Pines, FL 33029

City, State and Zip Code

jdjventures@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Rodil

786

186-0892

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2024

HAVIER RODIL
18459 PINES BLVD #311
PEMBROKE PINES, FL 33029

SUBJECT: JDJ VENTURES, LLC
Ref. Number: W24000129984

We have received your document for JDJ VENTURES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 024A00020719

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO THE CLERK OF THE SUPREME COURT FOR REGISTRATION AND AUTHORIZATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 JDJ Ventures, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(The alternate name must be adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

Delaware

(Jurisdiction of the Law of which Foreign Limited Liability Company is organized)

(If limited, if applicable)

July 15, 2024

(Date first transacted business in Florida; if prior to registration,
(See sections 605.003 & 605.005, F.S., to determine penalty liability.)

18459 Pines Blvd

18459 Pines Blvd

5 (Street Address of Principal Office)

6 (Mailing Address)

#311

#311

Pembroke Pines, FL 33029

Pembroke Pines, FL 33029

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name Javier Rodil

Office Address 18459 Pines Blvd #311

Pembroke Pines, 33029
Florida (City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Javier Rodil
(Registered agent's signature)

FILED
2024 OCT 23 PM 12:28
CLERK OF STATE
TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Javier Rodil</u>	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address <u>18459 Pines Blvd</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	<u>#311</u>	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	<u>Pembroke Pines, FL 33029</u>	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Person	_____	<input type="checkbox"/> Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.



 Signature of an authorized person

Javier Rodil

Typed or printed name or name

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JDJ VENTURES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JDJ VENTURES LLC" WAS FORMED ON THE FIFTEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



4248644 8300

SR# 20243960649

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 704642940

Date: 10-16-24