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HLIM

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Or Comparison of Corporations

FOODD360223

-01/30/01--01105

****125.00 ****

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Chery haltz	
Name (Printed or typed)	e New 1. The state of the state
_11578 107 AUN =	
Address &	
Seminole, Florida 3377 & City, State & Zip	FILLD F CORPO
727-398-6989	S TATE IRATION
Daytime Telephone number	S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DY J, L. L, C.		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Constitution of the	lomp	any is:
AKTICLE III - Registered Agent		
The name and street address of the initial registered agent are:		
Cheryl Waltz 11528 107 AUN, Seninde, Fl. 337	78	r
ARTICLE IV - Management:		0
(Check the appropriate box)	01 JA	SECRI 18131
☐ The Limited Liability Company is to be a manager-managed company. ★ The Limited Liability Company is to be managed by the members.	JAN 30 PM 2: 15	TIARY OF STAT
x Chey(Wags		SKOI
Signature of a member of an authorized representative of a member.	,	

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ery | Waltz
Typed or printed name of signee

Filing Fee: \$100.00 for Articles

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 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:	
2. The name and the Florida street address of the registered agent are:	
Chery Waltz	· · · · · · · · · · · · · · · · · · ·
Florida street address (P.O. Box NOT ACCEPTABLE)	
Sching FL 33778 CITY, STATE AND ZIP	e deserva

Having been names as registered agent and to accept service of process for the above stated; limited l; liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent