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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

D.J. Plaza LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

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The name of the Limited Liability Company is: **D.J. Plaza LLC**

ARTICLE II - Address

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

**423 West Vine Street
Kissimmee, FL 34741**

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

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

Delroy Josephs

Name

423 West Vine Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34741

(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 608, F.S.



Registered Agent's Signature - Delroy Josephs

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 - managed company

Delroy Josephs - 423 West Vine Street, Kissimmee, FL 34741 - Managing Manager



Signature of a member or authorized representative of a member.

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

Delroy Josephs

Typed or printed name of signee

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