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(Re	equestor's Name)	·-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

	tration Section on of Corporations		
SUBJECT:	S D J Properties LLC		
	(Name of Limited Liability Company)	,	J
The enclosed A	Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning tilis matter to the following:		
	Stephen C. Yager		
	(Name of Person)	•	•
	(Firm/Company)		
	P.O. Box 1869	L 10	
	(Address) エピー	$\equiv$	1
	Inverness, FL. 34451	=	
	(City/State and Zip Code)	2	
For further info	ormation concerning this matter, please call:	III: 32	
David	I Dipietroat(_352)_465-1806		
	(Name of Person) (Area Code & Daytime Telephone Number)		
	$I_{r}$		

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SDJP	roperties LL	C		
ARTICLE II - Address: The mailing address and street address	of the principal of	fice of the Limited I	Liability	Company
Principal Office Address:	1	Mailing Address:	-	
805 S. Magnolia Avenu	e, Suite #D	P.O. Box 18	369	
Ocala, FL. 34474		Inverness,	FL.	34451
	<del></del>			
	10	,		
The name and the Florida street addres	egistered Office, & s of the registered a	agent are:	's Signa	40
The name and the Florida street addres	egistered Office, &	agent are:	's Signa SEUREL IALLAHA	40
The name and the Florida street addres	egistered Office, & s of the registered at the control of the registered at the control of the c	agent are:	SEUKE JAI	
805	egistered Office, & s of the registered at the control of the registered at the control of the c	Avenue, Suite	SEUKE JAI	40

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Stephen C. Yager 805 S. Magnolia Avenue, Suite #D
•	Ocala, FL. 34474
MGRM	Dave Dipietro
	,1218 W. Bridge Drive
	Citrus Spring, FL. 34434
MGRM .	Joesph Dipietro
	P.O. Box 2076
,	Dunnellon, FL. 34430
	A <sub>C</sub>
(Use attachment if necessary)	AP 6
	AS Z
	SES F
NOTE: An additional article must be	added if an effective date is requested.
	·
REQUIRED SIGNATURE:	0RID
$\mathcal{D}/\mathcal{D}$	A
Signature of a member or an a	thorized representative of a member.
(In accordance with section 608.4 of this document constitutes an ai that the facts stated herein are tru	108(3), Florida Statutes, the execution ffirmation under the penalties of perjury e.)
Dave Dip	pietro
Typed or pris	nted name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)