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Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)204-0383

## From:

Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (623)465-8636  
Fax Number : (623)465-8640

04 SEP 28 AM 8:39  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

## Exclusive D.J. Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	01/2
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Exclusive D.J. Services LLC**ARTICLE II - Address:**

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

**Principal Office Address:**13350 New Castle AvenueSpring Hill Florida, 34609**Mailing Address:**13350 New Castle AvenueSpring Hill Florida, 34609**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

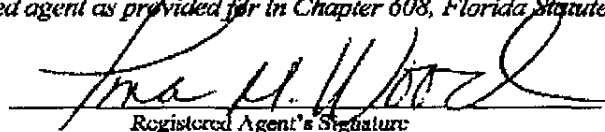
Tina M. Wood

Name

15521 Eastwood TrailFlorida street address (P.O. Box **NOT** acceptable)Spring Hill,FLORIDA 34604

City, State, and 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, Florida Statutes..*



Registered Agent's Signature

H040001931323

04 SEP 28 AM 8:3  
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H040001931323

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

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

**Title:**

"MGR" - Manager

"MGRM" - Managing Member

**Name and Address:**

MGRM

Tina M. Wood

15521 Eastwood Trail

Spring Hill Florida, 34604

MGRM

Winfred Matos

13350 New Castle Avenue

Spring Hill Florida, 34609

MGRM

Leonarda Matos

13350 New Castle Avenue

Spring Hill Florida, 34609

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Signature of a member or an 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.)

TINA M. WOOD

Typed or printed name of signer

**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)

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