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# TRANSMITTAL LETTER

	on of Cor	porations	-		
SUBJECT: D	.M.M.J				
		(Name of Limit	ed Lial	oility Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed A	rticles of	Organization and fee(s) are	submit	ted for filing.	
Please return al	l correspo	ondence concerning this mat	ter to ti	ne following:	
<u>.</u>	ose A. A	Nivarez, CPA			
			(Name	of Person)	
Alvarez & Co	ompany,	lnc.			
			(Firm/C	Company)	
660	8 Cambr	idge Park Drive			
<del></del>		· · · · · · · · · · · · · · · · · · ·	(Ad	dress)	<del></del>
	Apolic	Beach, FL 33572			• . •
	<del></del>	(Cit	y/State	and Zip Code)	_ <del></del>
	, " ,	14 · 1		· · .	
For further info	rmation o	concerning this matter, please	e call:		
Jose A. Alvare	ez. CPA		at (	813 ) 600-292	27
	(Name	of Person)	_ ~ (_	(Area Code & Daytime T	elephone Number)
Enclosed is a	check for	r the following amount:			
<b>9</b> \$125.00 Fili	ng Fee	☐ \$130.00 Filing Fee & Certificate of Status	Cer	\$155.00 Filing Fee & rtified Copy litional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ET ADDRESS:		MAILING A Registration S	

Division of Corporations
409 E. Gaines Street
Tallahassee; Florida 32399

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Con	npany is:		
D.M.M.J.J., LLC	<del></del>		
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the Limited Liabi	ility Company is:	
Principal Office Address:	Mailing Address:		
Melinda Corbett	c/o Charles A. LeFebvre		
2109 Rowland, P.O. Box 3403	P.O.Box 560	<del></del>	
Champaign, IL 61821-3403	Champaign, IL 61824-0560		
Jose A. Alvarez, CPA	<del></del>		
•	Name		
6608 Cambridge Par	<del></del>		
Florida street address (P.O. Box NOT acceptable)			
Apollo Beach, FL 33	572 <sub>FL</sub>		
C	ity, State, and Zip		
liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co.	nt and to accept service of process for the aborated in this certificate, I hereby accept the as capacity. I further agree to comply with the mplete performance of my duties, and I am for as registered agent as provided for in Cha	appointment as te provisions of all amiliar with and	
Register	red Agent's Signature	를 - S	

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
	See attached	
		,
		· • · <del>- • -</del>
		,
		-
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested.	
	•	
REQUIRED SIGNATURE:		
Chek X L	ésh	
Signature of a member	or an authorized representative of a member.	
(In accordance with section of this document constituent that the facts stated here.)	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury rein are true.)	

CHARLES A. LEFEBURE ESquire AUTHORISCO ROP. FOR MELINDA CORBETT
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

### Attachment

ARTICLE IV – Manager(s) or Managing Members(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	Name and Address
MGRM	Melissa Pierce 1503 Casselbury Lane Champaign, IL 61822
MGRM	Melinda Corbet 2109 Rowland Champaign, IL 61821-3403
MGRM	Jan Iodice 1708 Princeton Street Champaign, IL 61821
MGRM	Jeff Adams 1724 CR 1900 N Urbana, IL 61802
MGRM	David Jeremy Adams 2150 S. Bellaire Street, Suite 103

Denver, CO 80222