

LO5000024682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

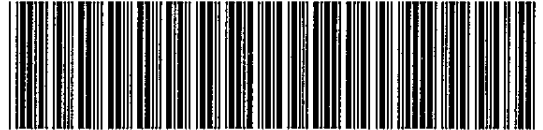
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800047729458

03/10/05--01030--024 **130.00

FILED
05 MAR 10 PM 12:18
STATE
TALLAHASSEE, FLORIDA

Joanne R. Sloane

1705 Eagle Trace Blvd. West
Coral Spring, Florida 33071
954-341-7685

March 7, 2005

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

To whom it may concern:

Enclosed please find the Transmittal Letter, Articles of Organization for Florida Limited Company form and check in the amount of \$130.00 for the filing fee and Certificate of Status.

Our names are David Sloane, Joanne Sloane and Max Sloane and our address is: 1705 Eagle Trace Blvd. West
Coral Springs, Florida 33071

Telephone number: 954-341-7685
Fax number: 954-345-2753

Thank you. If you have any questions please do not hesitate to call.

Sincerely,

Joanne R. Sloane

Joanne R. Sloane

FILED
05 MAR 10 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DJM Partners
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David M. Sloane
(Name of Person)

DJM Partners, LLC
(Firm/Company)

1705 Eagle Trace Blvd. West
(Address)

Coral Springs, Florida 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

David Sloane at 954, 341-5455
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

05 MAR 10 PM 12:18
RECEIVED
DIVISION OF STATE
CORPORATIONS, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DJM Partners, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1705 Eagle Trace Blvd W.
Coral Springs
Florida 33071

1705 Eagle Trace Blvd W.
Coral Springs
Florida 33071

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David M. Sloane
Name

1705 Eagle Trace Blvd. West
Florida street address (P.O. Box **NOT** acceptable)
Coral Springs, FL 33071
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, F.S.

David M. Sloane
Registered Agent's Signature

(CONTINUED)

FILED
05 MAR 10 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

"MGR"

David M. Sloane
1705 Eagle Trace Blvd W
Coral Springs, FL 33071

"MGRM"

Joanne R. Sloane
1705 Eagle Trace Blvd W
Coral Springs, FL 33071

"MGRM"

Max Sloane
1705 Eagle Trace Blvd W
Coral Springs, FL 33071

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Joanne R. Sloane
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.)

Joanne R. Sloane
Typed or printed name of signer

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)

FILED
05 MAR 10 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA