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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	





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## TRANSMITTAL LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: BJ Design	n & Development, LLC (Name of Limited	l Liability Co	mpany)		<u>-</u>
The er	nclosed Articles of	f Organization and fee(s) are su	abmitted for t	īling.		
Please	e return all corresp	ondence concerning this matte	r to the follow	ving:		
	Julianne		James of Dagge	<u></u>	<del></del>	
		(r	Name of Person	1)		
		(1	Firm/Company	<u> </u>		70 0
		,	,	ŕ		SEP -6 PH 2:21
	902 W. Lake	eshore Drive				
			(Address)			部。马
						7. 13
	Clem	nont, FL 34711				皇 2
	Clerri		State and Zip	Code)	<del></del>	P
		` •	•			
For fu	orther information	concerning this matter, please	call:			
Blake	ely Vasen		at ( 407	, 466-9662		
		of Person)	(Area	Code & Daytime Te	elephone Number)	<del></del>
Enclo	sed is a check fo	or the following amount:				
\$ \$12	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified (	O Filing Fee & Copy opy is enclosed)	□ \$160.00 F Certificate of Certified Co (additional copy	`Status & py
	Regist Divisi	ET ADDRESS: ration Section on of Corporations . Gaines Street		MAILING A Registration S Division of Co P.O. Box 632	ection orporations	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

P.I. Dosign & Douglanmont 11.C	
BJ Design & Development, LLC	
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: PG 85
7603 Teakwood Place	7603 Teakwood Place
Mount Dora, FL 32757	Mount Dora, FL 32757
	P 1
ARTICLE III - Registered Agent, Registe The name and the Florida street address of the	ered Office, & Registered Agent's Signature:
	the registered agent are.
Biakely Vasen	ame
1144	unte
7603 Teakwood Place	
Florida street	t address (P.O. Box <u>NOT</u> acceptable)
Mount Dora, FL 32757	<u>FL</u>
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature

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	Blakely S. Vasen
	7603 Teakwood Place, FL 32757
MGR	Julianne Ford
<del></del>	902 W. Lakeshore Drive
	Clermont, FL 34711
MGR	Jeanette E. Ford
	1280 Dianna Place
	Clermont, FL 34711
	<del></del>
	SEP 31
(Use attachment if necessary)	The state of the s
NOTE: An additional article must	be added if an effective date is requested. $\frac{1}{2}$
REQUIRED SIGNATURE:	DRICE 2

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.)

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)