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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

ADJ INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	~~01~~ 03
Estimated Charge	$155.00

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TALLAHASSEE, FLORIDA

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W. P. Verifyer

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

ADJ Investments, 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:
11781 Red Hibiscus Dr Bonita Springs, FL. 34135	11781 Red Hibiscus Dr Bonita Springs, FL. 34135

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

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

Comprehensive Business Solutions
606 Bald Eagle Dr, Ste 601
Marco Island, FL. 34145

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, FRS..

Registered Agent's Signature

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(CONTINUED)

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	
MGRM	John Shaver 11781 Red Hibiscus Dr Bonita Springs, FL 34135
MGRM	Anne Shaver 11781 Red Hibiscus Dr Bonita Springs, FL 34135
MGRM	Dave Gahles 11781 Red Hibiscus Dr Bonita Springs, FL 34135
_____	_____ _____ _____

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Anne Shaver
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.)

Anne Shaver
Typed or printed name of signee

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