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| Special Instructions to Filing Officer: |   |  |
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#### TRANSMITTAL LETTER

Division of Corporations SUBJECT: DJT Property Management and Investments, LLC (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: Evelyn Eastwood (Name of Person) Almost Home CDC, Inc. (Firm/Company) 19618 NW 29 Place (Address) Miami, Florida 33056 (City/State and Zip Code) For further information concerning this matter, please call: **Evelyn Eastwood** (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & □ \$125.00 Filing Fee 5 \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed)

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:** 

(additional copy is enclosed)

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 Comp   | any is:   |   |
|--|---|---|
| DJT Property Management and Investments  | LLC   | <del></del>   |
| ARTICLE II - Address:<br>The mailing address and street address of   | f the principal office of the Limited L   | ability Company is:   |
| Principal Office Address:  | Mailing Address:  |   |
| 560 NW 202 Terrace   | 560 NW 202 Terrace  |   |
| Miami, Florida 33169   | Miami, Florida 33169  |   |
| ARTICLE III - Registered Agent, Reg The name and the Florida street address of Evelyn Eastwood  19618 NW 29 Place                | , -   | 2006 FEB<br>SECRES<br>VALLARA                                       |
| Florida s  | treet address (P.O. Box NOT acceptable)   | ARY ARY   |
|  |   |   |
| registered agent and agree to act in this c<br>statutes relating to the proper and comp<br>accept the obligations of my position | ted in this certificate, I hereby accept to<br>capacity. I further agree to comply with | he appointment as<br>h the provisions of all<br>m familiar with and |

(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                          |   |
| President   | Donovan Thompson  |
|   | 560 NW 202 Terrace  |
|   | Miami, Florida 33169  |
| Vice President  | Jennett Thompson  |
|   | 560 NW 202 Terrace  |
|   | Miami, Florida 33169  |
| Manager   | Evelyn Eastwood   |
|   | 19618 NW 29 Place   |
|   | Miami, Florida 33056  |
| (Use attachment if necessary)  NOTE: An additional article must   | be added if an effective date is requested.   |
| REQUIRED SIGNATURE: Signature of a member (In accordance with sec | r or an authorized representative of a member.  Strion 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury lerein are true. |
|   | ped or printed name of signee   |
| ı, y  | hee or human unite or 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)