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DIVISION OF CORPORATIONS
OF AUG 18 PM 1: 30

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT: D&J-H	lome Improvement			
, .	<u> </u>		d Liability Company)		
The er	nclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	oondence concerning this matte	er to the following:		
	Darrin S.				
		(Name of Person)		
			(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	DE AUG 8 PH 1:30
	707 Tee	Circle			AUG AUG
			(Address)		8
	New Smy	yrna Beach, FL	32168	,	AUG 8 PH
		(City	/State and Zip Code)		— ယ
For fu	rther information	concerning this matter, please	call:		0
Julie	Bryant		at (386) 663-418	84	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)	1
Enclos	sed is a check fo	or the following amount:			
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of Status Certified Copy (additional copy is enclosed)	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D&J Home Improvements, LLC (Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
707 Tee Circle	707 Tee Circle
New Smyrna Beach, FL 32168	New Smyrna Beach, FL 32168
business entity with an active Florida registration.) The name and the Florida street address of the Darrin S. Mounts	
Nan	手 0.0
707 Tee Circle	address (P.O. Box NOT acceptable)
Florida street a	address (P.O. Box NOT acceptable)
New Smyrna Beach	FL 32168
City, State	e, and Zip
Having been named as registered agent and t	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..

Registered Agent's Signature (REQUIRED)

(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: Name and Address:

MGRM	Darrin S. Mounts	
	707 Tee Circle	
	New Smyrna Beach, FL 32168	
SEC	Julie Bryant	
	707 Tee Circle	
	New Smyrna Beach, FL 32168	
<u>.</u>		<u> </u>
		06 MUG 18 FM
		<u> </u>
		\overline{\alpha}
(Use attachment if necessary)		
	1 000	
LE V: Effective date, if other than th	e date of filing: (0	OPTIONAL
days after the date of filing.)	be specific and cannot be more than five bu	siness days

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.)

Darrin S. Mounts

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)