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Office Use Only



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SECRETARY OF STATE LAHASSELAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: LJN En	terprises, LLC	d Liability Compa	ıny)			
	(
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	; .			
Please return all corresp	ondence concerning this matte	er to the following	:			
Linda J. Ne	eus					
	(Name of Person)			***************************************	-
***************************************		Firm/Company)				-
174 Sunde	ean Drive					_
		(Address)				
Melbourne	e, FL 32901					<u> </u>
	(City	/State and Zip Code	·)	IA.	: ~	
For further information	concerning this matter, please	call:		LAH.		الل
Linda J. Neus		at (321	724-581	TAR	- NOF	
	of Person)		& Daytime T		_ _	
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\$125.00 Filing Fee	or the following amount: \$\sum \\$130.00 \text{ Filing Fee &}\$	□ \$155.00 Fi	ling Fac &	ਜ਼ਰੂ 3 \$160.00 F	Ning Fee	
\$125.00 Fining Fee	Certificate of Status	Certified Copy	У	Certificate of	Status &	•
		(additional copy	is enclosed)	Certified Co (additional copy		
	Mailing Address	Street/Ci	ourier Addres	is.		
	Registration Section Division of Corporations	Registrati	on Section of Corporatio			
	P.O. Box 6327	Clifton B	uilding			
	Tallahassee, FL 32314		cutive Center ee, FL 32301	Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

"Limited Company" or their abbreviation "LLC," or "L.C.,")				
the principal office of the Limited Liability Company				
Mailing Address:				
174 Sundean Drive				
Melbourne, FL 32901				
Registered Agent. You must designate an interpolation another That I was a second of the registered agent are: The registered agent are: The registered agent are: Name Name Registered Agent. You must designate an interpolation another That I was a second of the registered agent are: The registered Agent. You must designate an interpolation another That I was a second of the registered agent are: The registered Agent. You must designate an interpolation another That I was a second of the registered agent are: The registered Agent. You must designate an interpolation another That I was a second of the registered agent are: The registered Agent. You must designate an interpolation another That I was a second of the registered agent are: The registered Agent. You must designate an interpolation and interp				
eet address (P.O. Box <u>NOT</u> acceptable) FI. 32901				
tl i				

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..

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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Linda J. Neus 174 Sundean Drive Melbourne, FL 32901 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member of 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.)

Linda J. Neus

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)