607000085884

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
(Oil	.yrotaterzipii ilon	- 11 /		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700108097997

98/21/07--01944--091 **160.00

8/22/07

OT AUG 21 AM IO: 49
SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Co			
SUBJ	ECT: MDJD	VACATIONS, LLC		
		(Name of Limited	d Liability Company)	
The er	nclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Justin Gold	dman		
	-	(1	Name of Person)	
	(not applica	able)		
		(Firm/Company)	
	243 West	Graves Avenue		
			(Address)	
	Orange C	ity, FL 32763		
		(City	/State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
Justi	n Goldman		at (386) 456-526	4
	(Namo	e of Person)	(Area Code & Daytime To	elephone Number)
Enclo	sed is a check for	or the following amount:		
\$12.	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MDJD VACATIONS	•		
(Must end with the words	"Limited Liability Compa	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,"	')
ARTICLE II - Ad	dress:		
The mailing addres	s and street address	of the principal office of the Limited Liability C	ompany is
Principal Office Address:		Mailing Address:	
243 West Graves Avenue		243 West Graves Avenue	
Orange City, FL 32763		O O't. El 00700	_
		Orange City, FL 32763 gistered Office & Registered Agent's Signature	
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Rempany cannot serve as its active Florida registration.)	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and so of the registered agent are:	ther 07 AUG
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Rempany cannot serve as its active Florida registration.)	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and the signate and individual or and signate and si	FILE OT AUG 21
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Reompany cannot serve as its active Florida registration.)	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and the signate and individual or and signate and si	FILE OT AUG 21
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Reompany cannot serve as its active Florida registration.)	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and of the registered agent are: Name	FILE OT AUG 21
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Recompany cannot serve as its active Florida registration.) Florida street address: Justin Goldman	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and of the registered agent are: Name	FILE OT AUG 21
ARTICLE III - Re (The Limited Liability Co- business entity with an a	egistered Agent, Recompany cannot serve as its active Florida registration.) Florida street address: Justin Goldman	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and of the registered agent are: Name Avenue	FILE AUG 21

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Justin Goldman
	1326 Pup Fish Lane Deland, FL 32724
MGRM	Marvin Israel
	1306 Pup Fish Lane
	Deland, FL 32724

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (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 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.)

Justin Goldman

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)

07 AUG 21 AM IO: 50
SECRETARY OF STATE