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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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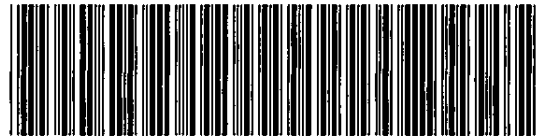
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 28 AM 8:33

T. HAMPTON

JAN 29 2009

EXAMINER

515-5071

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DJM Consultants, 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:

**Stephen Maus**

(Name of Person)

**DJM Consultants, LLC**

(Firm/Company)

**2850 Lake Saxon Dr.**

(Address)

**Land O'Lakes, FL 34639**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Stephen Maus**

(Name of Person)

at ( **813** ) **531-1034**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JAN 28 PM 5:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 7, 2009

STEPHEN MAUS  
2850 LAKE SAXON DR  
LAND O'LAKES, FL 34639

SUBJECT: DJM CONSULTANTS, LLC  
Ref. Number: W09000000519

We have received your document for DJM CONSULTANTS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P95000038969 (DJM CONSULTANTS, INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 209A00000379

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 28 AM 8:33

**ARTICLE I • Name:**

The name of the Limited Liability Company is:

**DJM Directive Solutions, LLC**

**ARTICLE II • Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

2850 Lake Saxon Dr.

Land O'Lakes, FL 34639

**ARTICLE III • Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Name: Stephen Maus

Florida street address: 2850 Lake Saxon Dr

City, State, and Zip: Land O'Lakes, FL 34639

*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: \_\_\_\_\_

(An additional article must be added if an effective date is requested)

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.

Typed or printed name of signee: Stephen Maus