# #1/100006/517

(Re	questor's Name)	
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K. SALY EXAMINER MAY 25 2011

## **COVER LETTER**

TO:	Registration S Division of Co			
SHRI	ECT. CWC	DJM Holdings,	LLC.	
3000	ECT		d Liability Company	
The e	nclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	e return all corresp	oondence concerning this matte	er to the following:	
	James S	6. Murphy	Name of Person	
	Courtya	rd Wine & Chee		
	Courtya	IU WILLE & CITEE	Firm/Company	
	66 Main	Street		
			Address	
	Roseman	/ Beach, FL 3246		
		·	y/State and Zip Code	
	Jmurpny 12	221@aol.com  E-mail address: (to be used f	or future annual report notification)	
For fi	arther information	concerning this matter, please	call:	
Jan	nes S. Murp	ohy	at ( 302 ) 690-9403	
	Name	of Person	Area Code & Daytime Telep	phone Number
Encl	osed is a check f	or the following amount:		
\$125.0	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 C Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	$\mathbf{T}$	IC	L	$\mathbf{E}$	<b>[</b> -	N	am	e
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The name of the Limited Liability Company is:

# CWC DJM Holdings, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
66 Main Street	12729 Lecoma Trace
Rosemary Beach, FL	Milton, GA 30004
32461	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Barbara Campbell

6.6 MHm STMENT, LOSE MMY BUCH, FL 32467

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

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:

MGRM	James S. Murphy 12729 Lecoma Trace
	Milton, GA 30004
<del></del>	
(Use attachment if necessary)	
	the date of filing: MAY 23, 2011. (OPTION

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## James S. Murphy

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)