# L11000066286

(Requ	iestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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2011 JUN -3 PM 1: 20

J. SAULSBERRY EXAMINER JUN 7 2011

# **COVER LETTER**

. TO: Registration Sec Division of Corp							
SUBJECT: DSJ FU	ıture, LLC						
	Name of Limite	ed Liability Com	ipany				
The enclosed Articles of C	Organization and fee(s) are s	submitted for file	ing.				
Please return all correspon	ndence concerning this matt	er to the followi	ng:				
Dawn R M	linor						
<del></del>		Name of Person					
DSJ Futur	e, LLC						
<del></del>		Firm/Company				_	
1260 Made	elena Ave				ZZ.S	20	
		Address			52	<u> </u>	125
Winter Sprin	gs, FL 32708				NAS:	20 1 JUN -3	
		y/State and Zip Co	ode		¥0		
dawnminor12	2@yahoo.com  E-mail address: (to be used f	S					
For further information co	oncerning this matter, please		eport notification	·)	REFERENCE	PH   1: 20	
Dawn R Minor		_ <sub>at (</sub> 407	366-718	31			
Name of	Person	Area Co	ode & Daytime T	elephone Number			
Enclosed is a check for	the following amount:			·			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (	ling Fee & Copy opy is enclosed)	\$160.00 Fili Certificate o Certified Co (additional cop	of Status ppy	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Cliftor 2661 I	Courier Address ration Section on of Corporati n Building Executive Center assee, FL 3230	ons er Circle		à	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•
y Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
1260 Madelena Ave Winter Springs, FL 32708
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another gistered agent are:
PM 1: 20  E. FLORID
ve Sign of the second s
ess (P.O. Box <u>NOT</u> acceptable)
<sub>FL</sub> 32708

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.

City, State, and Zip

Registered Agent's Signature (REOUILED

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

R Minor adelena Ave Springs, FL 32708
Springs, FL 32708
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FALLA
mo
TO THE
93
<u> </u>
eg: (OPTIONA
nd cannot be more than five business day
1

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.)

Dawn R Minor

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)