| · · · · · · · · · · · · | Electronic Filing Cover Sheet  |  |
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|                         | e: Please print this page and use it as a cover sheet. Type the<br>nber (shown below) on the top and bottom of all pages of the        |  |
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|                         | HI 100024 <b>52393</b> ABC.  | NU RIN JINKI IKAN                                    |
| Note                    | DO NOT hit the REFRESH/RELOAD button on your brows page. Doing so will generate another cover sheet.                                   | er from this   |
| •                       | To:<br>Division of Corporations<br>Fax Number : (850)617-6383  |  |
|                         | From:<br>Account Name : LAZARUS CORPORATE FILIN<br>Account Number : 12000000019<br>Phone : (305)552-5973<br>Fax Number : (305)220-1440 | NG SERVICE, INC.                                     |
|                         | he email address for this business entity to be us<br>al report mailings. Entor only one email address ;                               |  |
| Emai                    | l Address:   |  |
|                         | FLORIDA LIMITED LIABILITY CO.<br>SEEN DJ'S L.L.C.  | 2011 OCT<br>SECRET                                   |
|                         | Certificate of Status 1  | ILED<br>IO AN 7: 39<br>ARY OF STATE<br>ASSEE, FLORID |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

≜<sup>5</sup> - ≤≇ |08/21/2029 | 04:55

The name of the Limited Liability Company is:

SEEN DJ'S L.L.C." (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:

0 SW 39.5T

# 14140 SW 3957 MIRMI FL 331

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company comment 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:

DANIEL OCHOA Name  $\frac{14140}{\text{Florida street address (P.O. Box NOT acceptable)}}{\frac{M1/2}{\text{City, State, and Zip}}$ 

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

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

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

#### Title:

## Name and Address:

"MGR" - Manager "MGRM" - Managing Member

MGRM

MGRM

MABEL 14140 54 AMI

(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:<br>Signature of a member or an authorized representative of a member.   |                |            |        |
|---|----------------|------------|--------|
| (In accordance with section 608.408(3), Florida Statutes, the execution of this docu<br>constitutes an affirmation under the penalties of perjury that the facts stated herein<br>I am aware that any false information submitted in a document to the Department of<br>constitutes a third degree felony as provided for in s.817.155, F.S.)<br>$\underline{Dool_ECR}_{Typed} or printed name of signed$ | are true.      | 2011 OCT 1 | FI     |
| <u>Filing Fees</u><br>\$125.00 Filing Fee for Articles of Organization and Designation  | SSEE           | о<br>Тр    | m      |
| of Registered Agent   | <u> </u>       | Ŧ          | $\Box$ |
| \$ 30.00 Certified Copy (Optional)  | <sup>μ</sup> ω | فيب        |        |
| <b>\$</b> 5.00 Certificate of Status (Optional)   | 유전             | ר.<br>בי   |        |
| J J.OU CELLIKARE OF STATUS (VPROBAL)  | 8 E            | ß          |        |
| Page 2 of 2   | Þ              |            |        |

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