

L12000103047

(Requestor's Name)

(Address)

(Address)

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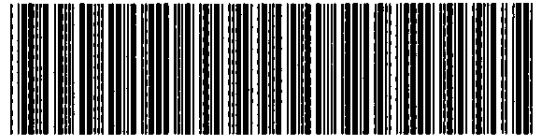
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AUG 10 2012

EXAMINER



900238189679

08/09/12--01013--004 **130.00

EFFECTIVE DATE 8/2/2012

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DIVISION OF CORPORATION
12 AUG -9 PM 1:59

COVER LETTER

TO: Registration Section
Division of Corporations

DJ MINI C ENTERTAINMENT LLC

SUBJECT: _____
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:

JOSEPH CARTER

Name of Person

EFFECTIVE DATE 8/2/2012

Firm/Company

7607 CHASE ROAD

Address

LAKELAND FL 33810

City/State and Zip Code

INFO@DJMINIC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH CARTER

Name of Person

at (**863**) **797-4064**

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

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EFFECTIVE DATE 8/2/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DJ MINI C ENTERTAINMENT 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:

**7607 CHASE ROAD
LAKELAND, FL 33810**

Mailing Address:

**7607 CHASE ROAD
LAKELAND, FL 33810**

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:

JOSEPH CARTER

Name

7607 CHASE ROAD

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

LAKELAND

FL 33810

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)

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DIVISION OF CORPORATIONS
22 AUG -9 PM 1:59

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

JOSEPH CARTER
7607 CHASE ROAD
LAKE LAND, FL 33810

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/02/2012 (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. 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.)

JOSEPH CARTER
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)

FLORIDA DEPARTMENT OF STATE
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Florida Limited Liability Company Online Filing Information

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Please allow 1-2 business days for your document to be examined and filed by this office. Do not apply for a federal employer identification number (FEI#) until your document has been officially filed and you have received acknowledgment by e-mail from our office.

If you have any questions, please contact our Help Desk at (850)245-6939.

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