

# L1300VVVL2433

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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(Document Number)

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13 APR 26 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SJ & DJ PROPERTY 1, L.L.C.**

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:

**Michael S. Teal**

Name of Person

**Huddleston & Teal, P.A.**

Firm/Company

**817 West New York Avenue**

Address

**DeLand FL 32720**

City/State and Zip Code

**denisemjorgensen@att.net**

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

For further information concerning this matter, please call:

**Denise M. Jorgensen**

Name of Person

at ( **386** ) **801-2752**

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

**ARTICLE I - Name:** The name of the Limited Liability Company is

**SJ & DJ PROPERTY 1, L.L.C.**

**ARTICLE II - Address:**

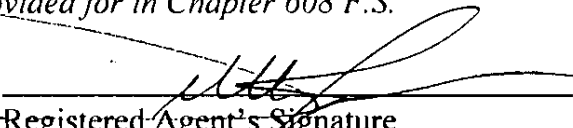
The mailing address and street address of the principal office of the Limited Liability Company is 129 Cranor Avenue, DeLand FL 32720.

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

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

Denise M. Jorgensen  
129 Cranor Avenue  
DeLand FL 32720

*Having been named as registered agent and to accept service of process for the above state 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

**ARTICLE IV - Managers or Managing Members:**

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

**Title:**

**Name and Address:**

MGR

Denise M. Jorgensen  
129 Cranor Avenue  
DeLand FL 32720

MGRM

Stacy Jorgensen  
930 N. Wetherly Dr., Unit 101  
West Hollywood CA 90069

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.)

\_\_\_\_\_  
/s/ Denise M. Jorgensen

Typed or printed name of signee