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TO ACKNOWLEDGE SUFFICIENCY OF FILIN Milly Models and institited and instituted and inst

SECRETARY OF STA



AUG 1 6 2013 T. HAMPTON

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	CDJ M	anagement LLC	
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
<del></del>	Joseph A	Name of Person	
	COT	Management L.L.	<i>-</i>
<del></del>	2306 Mont	Address	
	Tallahasse	e/FL 32303 y/State and Zip Code	
	E-mail address: (to be used to	or future annual report notification)	
For further information	concerning this matter, please	call:	
Joseph Name	A. Insley of Person	at ( <u>407</u> ) <u>286 - 90.</u> Area Code & Daytime Telephon	e Number
Enclosed is a check t	or the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, ertificate of Status & ertified Copy dditional 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 Circl Tallahassee, FL 32301	е

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Compa	any is:			
CDJ Monage	ment .	LLC.		
(Must end with the words "Limit		.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	the principal office	e of the Limited Li	ability Com	npany is:
Principal Office Address:	Mailing A	.ddress:		
2306 Monticello Dr. Tallahassce, FL 32303		of MonAicell abassee, ft	<u>6 Oc</u> 32303	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)				
The name and the Florida street address of	of the registered age	ent are:		
Joseph	A. Inste	<b>Y</b>		
2304 Mor	reet address (P.O. Box	NOT acceptable)		
Tallah	City, State, and Zip	303		
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this all statutes relating to the proper and county and accept the obligations of my position.  Registered Agent's	ted in this certificates capacity. I further omplete performance n as registered ager	e, I hereby accept to agree to comply we comply we comply and the as provided for i	the appointnite the proving the second of th	nent as visions of liar with
(CO	ONTINUED)		SEC	13 AU

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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:

The name and address of each iv	lanager of Managing Memoer is as follows.
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M6RM	Christophes Moschonas 2306 Monticello On Tallahassee, FL 32303
MGRM	Joseph A. Insley 2306 Monticello Dr. Tallahassee FL 32303
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
•	an the date of filing: 8/9/13. (OPTIONAL)  must be specific and cannot be more than five business days  ng.)
REQUIRED SIGNATURE:	
Signature of a n	nember 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.)

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)

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