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| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2013

JEMPSON CADET P.O. BOX 380147 MIAMI, FL 33238

SUBJECT: DON J EXPORT LLC Ref. Number: W13000046807

We have received your document for DON J EXPORT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 113A00020060

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: DON J EX PORT LLC 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: |
| JEMPSON CADET Name of Person |
| DON I EXPORT LLC |
| P.O. Box 380147 Miami |
| Miami florida 33238 City/State and Zip Code |
| Jempson Gadet W5 @ yahoo - Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| JEMPSON CADET at (786) 38970 47 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee & □ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address Street/Courier Address |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
|--|----------------------------------|--------------------------------|---------|
| DON J EXPORT 11 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 Liabil | lity Con | npany i | is: |
| Principal Office Address: Mailing Address: | | | |
| 3847W82Nd Terrace 380147 Miar Miami Cl Florida 3323 33150 | <u>ni</u> 8 | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.) | | | |
| The name and the Florida street address of the registered agent are: | | | |
| JEMPSON CADET | | | |
| 692 NE 83rd Turra (R Florida street address (P.O. Box NOT acceptable) | | | |
| Miami FL 33138 City, State, and Zip | | | |
| Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the cregistered agent and agree to act in this capacity. I further agree to comply with all statutes relating to the proper and complete performance of my duties, and I and accept the obligations of my position as registered agent as provided for in C. | appointi the prov im famil | nent as visions liar wit | of h |
| Registered Agent's Signature (REQUIRED) | SEGRET | 2113 A | gree 7- |
| (CONTINUED) | ETARY O | 2913 AUG 22 | |
| Page 1 of 2 | OF ST | 2 | £ 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:

| <u>Title:</u> "MGR" = Manager . | Name and Address: |
|---|---|
| "MGRM" = Managing Member MGR | JEMPSON CADET |
| MGR | Paula Louissaint 692 NE 831d Terrace Miami fl 33138 |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other than the | he date of filing: 815 13 (OPTIONAL) ast be specific and cannot be more than five business day |
| ICLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: | est be specific and cannot be more than five business da |
| ICLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info | ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) |
| ICLE V: Effective date, if other than the effective date is listed, the date must on 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo | ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. |