L14000023687

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	/ AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	!

Office Use Only



000256390550

02/10/14--01018--024 **160.00

EFFECTIVE DATE 2-6-14



B. BOSTICK

FEB 11. 2014

EXAMINER

COVER LETTER

TO:	Registration Division of (s Section Corporations		
SUBJI	ECT: <u>DJK19</u>		nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this m	atter to the following:	
	CHARLE	ES D. SCANIO		
			Name of Person	
	DJK1993	3 LLC	_	
			Firm/Company	
	3421 LA	ZY ACRES LN		
			Address	
	THEVAL	1 ACEC EL 22162		
	INE VIL	LAGES, FL 32163 C	City/State and Zip Code	
<u>C</u>	HARLESCAN	IO@AOLCOM		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		E-mail address: (to be use	d for future annual report notifica	ation)
For fur	rther information	on concerning this matter, plea	ase call:	5
Charle	es D. Scanio	ot ()	585) 232 3795	To the state of th
Charle		at (!		lephone Number
Enclos	sed is a check for	or the following amount:		
区 \$ 125.0	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)
		iling Address	Street/Courier Add	ress
	Reg	sistration Section rision of Corporations	Registration Section Division of Corpora	
	P.O	D. Box 6327 Jahassee, FL 32314	Clifton Building 2661 Executive Cen	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
DJK1993 LLC		
	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
CHARLES D. SCANIO 3421 LAZY ACRES LN	CHARLES D. SCANIO 3421 LAZY ACRES LN	
THE VILLAGES, FL 32163	THE VILLAGES, FL 32163	
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere Charles D. Scanio Nam 3421 Lazy Acres Ln	ed agent are:	on the second se
Florida street address (P.O. Bo	·	
The Villages	FL 32163	ئيسية رين
City		1
capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o	ept the appointment as registered agent and agree to a sof all statutes relating to the proper and complete pobligations of my position as registered agent as proving apter 605, F.S	ect in this erformance

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager		
MGR	Charles D. Scanio	
	3421 Lazy Acres Ln	
	The Villages, FL 32163	
EV: Effective date, if other than the date of ctive date is listed, the date must be speci	f filing: <u>02/06/2014</u> . (OPTIONAL) ific and cannot be more than five business days prior to or 9	90 d
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filling.) EVI: Other provisions, if any.	ific and cannot be more than five business days prior to or 9	90 d:
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filling.) EVI: Other provisions, if any.	f filing: 02/06/2014 (OPTIONAL) ific and cannot be more than five business days prior to or 9	٧:
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.) EVI: Other provisions, if any.	ific and cannot be more than five business days prior to or 9	<i>د</i> :
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any.	ific and cannot be more than five business days prior to or 9	7:
ective date is listed, the date must be speciffiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: (1)	ific and cannot be more than five business days prior to or s	20 da
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or s	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	les O. Aconeo	
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem	Le D. Scones ber or an authorized representative of a member.	
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.)	ber or an authorized representative of a member.	
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false information of the contraction	ber or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true-	20 H 10 10 10 10 10 10 10 10 10 10 10 10 10
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false information of the contraction	ber or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	20 H 10 10 10 10 10 10 10 10 10 10 10 10 10
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false information constitutes a third degree felony	ber or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony Charles D. Scanic	ber or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true- ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony Charles D. Scanic	ber or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony Charles D. Scanic	ber or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true- ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false information constitutes a third degree felony Charles D. Scanic	ber or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true- ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	