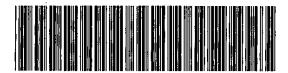
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COVER LETTER

TO: Registration Division of	n Section Corporations	.	
SUBJECT: DJock		mited Liability Company	
	s of Organization and fee(s) a	_	
Hayley [D'Jock	Name of Person	
		Firm/Company	
1435 Cn	ested Heron Ct	Address	<u></u>
<u>St. Augu</u>	stine, FL 32092	City/State and Zip Code	<u> </u>
plexusjacksonv	ille@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For further information	on concerning this matter, ple	ase call:	
<u>Hayley D'Jock</u> Nar	ne of Person	757) 214-1337 Area Code Daytime Tel	ephone Number
Enclosed is a check for	or 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)
	iling Address	Street/Courier Addi	ress

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:	
DJock Global LLC	Liability Company, "L.L.C.," or "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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1435 Crested Heron Ct St. Augustine, FL 32092	Same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or n.)
Christina A. Cutler, CPA	
Name	
<u>5210 Belfort Rd Ste 225</u> Florida street address (P.O. Box	NOT acceptable)
<u>Jacksonville</u>	FL 32256
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S.
(CONTINUI	E D)
Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Hayley D'Jock
	1435 Crested Heron Ct
	Jacksonville, FL 32092
•	
ective date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any.	of filing:
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affir	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spor filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State.
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, and mation submitted in a document to the Department of State in a sprovided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, and mation submitted in a document to the Department of State in a sprovided for in s.817.155, F.S.)
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