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| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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ROLS

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: DF And JP Enterprises 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: |
| Debra L. Fischer Name of Person |
| DF And JP Enterprises LLC Firm/Company |
| 8047 Stimie Avenue North |
| St. Peters burg Flor ida 33710 City/State and Zip Code d fische 10 tampa bay, 15.10 m E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Debbie Fischer at 727 251-4013 : Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee Status Significate of Status Si |
| Mailing Address Street/Courier Address Builded in Section 1 |

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 FILED.

| ARTICLE I - Name: The name of the Limited Liability Company is: | 2015 JAN -6 AM 11: 22 |
|---|---|
| DF AND JP Enterprises LLC (Must end with the words "Limited Liability Company,") | SECTION OF STATE TALLAHASSEE, FLORIDA L.L.C.," of EC.") " |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li | ability Company is: |
| Principal Office Address: 3047 Stimie turne North Stillerishing, Florida 33710 | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agent are: | |
| Debra L. Fischer | |
| Florida street address (P.O. Box NOT acceptable) St. Peters burg FL Zip | |
| Having been named as registered agent and to accept service of process for the the place designated in this certificate, I hereby accept the appointment as recapacity. I further agree to comply with the provisions of all statutes relating to of my duties, and I am familiar with and accept the obligations of my position Chapter 605, F.S | egistered agent and agree to act in this to the proper and complete performance |
| Registered Agent's Signature (REQUIRED) | · |

(CONTINUED) Page 1 of 2

| Fitle: AMBR" = Authorized Member MGR" = Manager | Name and Address: |
|--|--|
| Debra L. Fischer MGR | 8047 Stime Avenue North Stifeties have 17 33712 |
| | |
| | |
| EV: Effective date, if other than the cetive date is listed, the date must be | date of filing: |
| EV: Effective date, if other than the cetive date is listed, the date must be filling.) | date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9 |
| CV: Effective date, if other than the cetive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or s |
| Cive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation used in a second to the constitutes at the constitutes at the degree for the constitutes at the degree for the constitutes at the degree for the constitutes at th | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or separate to a specific and cannot be more than five business days prior to or separate to a member or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 1 formation submitted in a document to the Department of State the elony as provided for in s.817.155, F.S.) 1 Typed or printed name of signee |

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)