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| Certified Copies Certificates of Status |
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T. BROWN

COVER LETTER

| • | | istration Section sion of Corporations |
|---|-------------------------|---|
| | SUBJECT: | LJM ENTERPRISE GROUP 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: |
| | _ | Lino Morales Name of Person |
| | | Name of Person |
| | _ | Firm/Company |
| | | FirmvCompany |
| | | 9715 WEST BROWARD BOULEVARD #121 Address |
| | | Audios |
| | _ | PLANTATION/ FL / 33324 |
| | | City/State and Zip Code |
| | | fimenterprisegroup@gmail.com E-mail address: (to be used for future annual report notification) |
| | For further in | formation concerning this matter, please call: |
| | Linc | Name of Person at (954) 973 · 9775 Name of Person Area Code Daytime Telephone Number |
| | | Name of Person Area Code Daytime Telephone Number |
| | Enclosed is a | check for the following amount: |
| | 3 \$125.00 Filir | rg Fee |
| | | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

| OR FLORIDA LIMITED LIABILITY COMPANY |
|--|
| The state of the s |
| ROUP LLC |
| nited Liability Company, "L.L.C.," or "LLC.") |
| oal office of the Limited Liability Company is: |
| Mailing Address: |
| 9715 West Broward Boulevard #121 PLANTATION, FL 33324 |
| ice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ration.) ered agent are: |
| rales |
| |

Name

9715 West Broward Bld #121

Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Fitle:</u> 'AMBR" = Authorized Mer 'MGR" = Manager | 1. 1. (- |
|---|--|
| MGR | 9715 West Broward Powlers Plantation, FL, 33324 |
| AMBR | |
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| V: Effective date, if other tive date is listed, the date | than the date of filing: 1/20/15 (OPTIONAL) e must be specific and cannot be more than five business days prior to or |
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