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COVER LETTER 4

	Registration Section Division of Corporations		
SUBJEC*	THE DMJ GROUP, LLC		
SUBJEC		Limited Liabili	ty Company
The enclo	sed Articles of Organization and fec(s) are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:
	Don Callender		
		Name of	Person
	The DMJ Group, LLC		
		Firm/Co	npany
	8472 South Coral Circle		
		Addre	rss
	North Lauderdale, Florida 33068		
	Donnyreds@hotmail.com	City/State and	l Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	information concerning this matter, ple	ease call:	
	Don Callender	954 (461-4665
	Name of Person	\	Daytime Telephone Number
Enclosed i	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	O Filing Fee & \$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]] (Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

15 DEC 14 PM 4: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE DMJ GROUP, LLC	THE	DMJ	GROU	JP.	LL	C
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(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 Liability Company is:

<u>P</u>	rincipal Office Address:		Mailing Address:
8472 South Co	oral Circle dale, FL 33068	Same	
(The Limited Liability Co another business entity w	red Agent, Registered Office, & empany cannot serve as its own I ith an active Florida registration street address of the registered	Registered Agent. Y	t's Signature: ou must designate an individual or
	Don Callender		
		Name	
	8472 South Coral Circ	ele	
	Florida street address	(P.O. Box NOT ac	ceptable)
	North Lauderdale	Florida	33068
	City	State	Zip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



			to manage and control the Limited		
	Title: "AMBR" = Authorized	Member	Name and Address:	SECRETARY TALLAHASSEE	OF STATE FLORID
	"MGR" = Manager AMBR		Don C. Callender		
			8472 South Coral Circle		
			N. Lauderdale 33068		
	AMBR		Michele D. Callender		
			"Same"		
	MGR		Jahlani H. Callender		
		•	"Same"		
	(Use attachment if nece	ssary)			
A RTIC	CLEV: Effective date if o	than the date of filing	;	(OPTIONAL)	
(If an e	effective date is listed, the	date must be specific an	d cannot be more than five busin	(OPTIONAL) ess days prior to or 90 (lays after
	e of filing.)				
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)