Division of Corporations Electronic Filing Cover Sheet

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(((H16000079637 3)))



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To:

Division of Corporations

Fax Number

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From:

Account Name Account Number : 072450003255

: CORP USA

: (305)634-3694

: (305)633-9696

iter the email address for this business entity to be used for future animual report mailings. Enter only one email address please.**

il Address:

FLORIDA LIMITED LIABILITY CO. DJK CAPITAL GROUP LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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3/30/2016

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CORP USA

9102/16/60





	C	COVER LETTER		
	Registration Section Division of Corporations			
SUBJECT	r, DJK Capital G			
	Name of I	Amiled Liability Company		
The enclo	sed Articles of Organization and fee(s)	are submitted for filing,		
Pleaso reti	arn all correspondence concerning this	matter to the following:		
	Steve Jaipersa	d	<u></u> .	
	,	Name of Person		
	DJK Capital Gr	oup LLC		
		Firm/Company		·
	2100 N. Ocean	Blvd., Suite 18D		
		Address		
	Ft. Lauderdale,	FI 33305		
	stevejaipersad@gmai	City/State and Zip Code	•	
		(to be used for future annual report notification)		
For further	information concerning this matter, pl	ease call:		
Stev	e Jaipersad	787 ,607 7070		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed i	s a check for the following amount:			
]\$125.00 F		\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certificate of S Certified Copy (additional copy is	Status &	,
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Conrier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	16 HAR 30 F	\$



March 31, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: DJK CAPITAL GROUP LLC

REF: W16000023901

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown Regulatory Specialist II FAX Aud. #: H16000079637 Letter Number: 216A00006587

16 WAR 30 FM 12: 4

P.O BOX 6327 - Tallahassee, Florida 32314

FILED.

16 MAR 30 PH 12: 40

A	RTICLES OF ORGANIZAT	TIONEOR FLORIDA LIMITED LIABILITY COMPANY	THE PROPERTY - STATE
ARTICLE 1 - Name The name of the Lim	e: uited Liability Company is	s :	TATORETARY TO STATE TATORETARY TO STATE
DJK Capital Group LLC			
	(Must end with the word	Is "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		principal office of the Limited Liability Company is:	
Principal Office Ad	dress:	Malling Address:	
2100 N Ocean Blvd. , Suite 180 Ft. Lauderdale, Florida 33305		2100 N Ocean Blvd., Suite (8D Fi. Lauderdale, Florida 33305	
(The Limited Liabilitanother business ent			individual or
	Steve Jaiporsad		
		Nome	
	4224 Fox Run Court	s (P.O. Box NOT acceptable)	
		• •	
	City	FL 33331 Zip	
the place designal capacity. I further	ited in this certificate, I he agree to comply with the	o accept service of process for the above stated limited ereby accept the appointment as registered agent and a provisions of all statutes relating to the proper and cor- cept the obligations of my position as registered agent Chapter 605. F.S.	gree to act in this mplete performance

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	The state of the s
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	Weston FI 33331
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