

# L160000796373615

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
DJK CAPITAL GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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1086

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DJK Capital 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:

Steve Jaipersad

Name of Person

DJK Capital Group LLC

Firm/Company

2100 N. Ocean Blvd., Suite 18D

Address

Ft. Lauderdale, FL 33305

City/State and Zip Code

stevejaipersad@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Jaipersad at 787 607 7070

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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

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DIVISION OF CORPORATIONS  
FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314



**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Steve Jalpersad

4224 Fox Run Court

Weston FL 33331

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Steve Jalpersad

Typed or printed name of signee

**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)

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