# 11600000693

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200285681352

05/18/16--01011--023 \*\*625.00

16 MAY 18 AN IO 22

# **COVER LETTER**

	egistration Section vivision of Corporations	
CUDIECT	D AND J MANAGEMENT COME	ANY, LLC
SUBJECT	Name of L	imited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	irn all correspondence concerning this i	natter to the following:
	DAVID L. FETTERS	
		Name of Person
	D AND J MANAGEMENT COMPA	NY, LLC.
		Firm/Company
	105 N COURTENAY PKWY.	
		Address
	MERRITT ISLAND, FL. 32953	
	COURTENAY105@AOL.COM	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For further i	nformation concerning this matter, plea	ase call:
		321 459-2434
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Cop: (additional copy is enclosed)  \$160.00 Filing Fee, 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

ART	ICI	JE I	- N	lame:
-----	-----	------	-----	-------

The name of the Limited Liability Company is:

#### D AND J MANAGEMENT COMPANY LLC.

(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:

Principal Office Address:	Mailing Address:
105 N COURTENAY PKWY.	SAME
MERRITT ISLAND, FL. 32953	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOHN P. TERRERO		
1	Jame	•
105 N COURTENAY I	YKWY.	
Florida street address (1	P.O. Box NOT acce	ptable)
MERRITT ISLAND	FLORIDA	32953
City	State	7in

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR"	= Authorized Member	Name and Address:
"MGR" =		
AMBR		DAVID L FETTERS
		105 N COUR ΓΕΝΑΥ PKWY.
		MERRITT ISLAND, FL. 32953
AMBR		JOHN P. TERRERO
		105 N COURTENAY PKWY
		MERRITT ISLAND, FL. 32953
(Use attac	hment if necessary)	
CLEV. Effe	ctive date if other than the date	of filing: MAY 26,2016 (OPTIONAL)
		ecific and cannot be more than five business days prior to or 90 days
		,
ite of filing.)		neet the applicable statutory filing requirements, this date will not be list
: If the date in	and the second second	of State's records.
: If the date in	ective date on the Department of	
: If the date in ocument's effe	·	
ocument's effe	ective date on the Department of the provisions, if any,	
: If the date in ocument's effe	·	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

# DAVID L. FETTERS

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)