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PICK-UP WAIT MAIL	
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17 FEB -9 AH 5: 59 ECRETARY OF STATE NLLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	DJ Cubed, LLC
SCEC	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jessica Sauer
	Name of Person
	Firm/Company
	223 Maplewood Lane
	Address
	Greenacres, FL 33463
	City/State and Zip Code
	djcubed7@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Jessica Sauer 561 315-8400 at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
]\$ 125.0	So Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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

DJ Cubed, LLC			
(Must	end with the words "Limited	Liability Company	y, "L.lC.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principal of	office of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
223 Maplewood	Lane	233	Maplewood Lane
Greenacres, FL	33463	Gre	enacres, FL 33463
The Limited Liability Com		Registered Agent.	nt's Signature: You must designate an individual o
The Limited Liability Com another business entity with		n Registered Agent. on.)	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration	n Registered Agent. on.)	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registere	n Registered Agent. on.)	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registere	n Registered Agent. on.) d agent are:	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registere Jessica Sauer	n Registered Agent. on.) d agent are: Name	You must designate an individual o
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registere Jessica Sauer 223 Maplewood Land	n Registered Agent. on.) d agent are: Name	You must designate an individual o

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

17 FEB -9 AM 5: 59
SECRETARY OF SIGNE
AND ANASSFE, FLORIDA

litle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	222 Manlaura d I and
essica Sauer	233 Maplewood Lane Greenacres, FL 33463
	Cicenatics, FL 33403
David Sauer	233 Maplewood Lane
	Greenacres, FL 33463
V: Effective date, if other than the date tive date is listed, the date must be so filing.)	te of filing: <u>Uan. 30</u> , <u>2017</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s f filing.)	meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not tof State's records.
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CV: Effective date, if other than the date crive date is listed, the date must be so filing.) the date inserted in this block does not bent's effective date on the Department CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This occument is exect a many and a constitutes a third degree.	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
EV: Effective date, if other than the date extive date is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man aware that any fall	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State

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