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. (Ad	dress)	
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:	Name of Limited Liability Company	
The enclose	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	DAVID L. FETTERS	
-	Name of Person	_
	D AND J MANAGEMENT COMPANY, LLC.	
	Firm/Company	
	105 N COURTENAY PKWY.	
•	Address	_
	MERRITT ISLAND, FLORIDA 32953	17
	City/State and Zip Code COURTENAY105@AOL.COM	
_	E-mail address: (to be used for future annual report notification)	— ¸;
or further in	formation concerning this matter, please call:	
:	DAVID FETTERS 321 459-2434	90:
-	Name of Person Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount: ing Fee \$\int \frac{130.00}{2}\$ Filing Fee & \$\int \frac{155.00}{2}\$ Filing Fee & \$\int \frac{160.00}{2}\$ Filing Fee, Certificate of Status (additional copy is enclosed) 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

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The name of the Limited Liability Company is:

1043 BROADMOOR DRIVE COCOA, FLORIDA 32922 LLC

(Must contain 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:

هد الم مدر سور سر			
-		KWY	105 N COURTENAY P
:	otable)	P.O. Box <u>NOT</u> accep	Florida street address (F
	32953	FLORIDA	MERRITT ISLAND
F.	Zip	State	City

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)

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

	Title:		Name and Address:		
	"AMBR" = Authorized Me	mber			
	"MGR" = Manager		D. C. H. C. FERRINGS O		
	MGR		DAVID L FETTERS	-	
			105 N COURTENAY PKWY	_	
			MERRITT ISLAND FL 32953	-	
	AMDD		JOHN P TERRERO		
	AMBR		105 N COURTENAY PKWY	-	
			MERRITT ISLAND FL 32953	-	
			WERKITT ISLAND PL 32933	-	
				-	
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	(Use attachment if necessar	rv)			
-	(,		•	
ARTIC	CLEV: Effective date, if other	r than the date of filing	: MAY 30 2017		
			d cannot be more than five business days prior to or	00 days	after
the dat	te of filing.)	•			
			applicable statutory filing requirements, this date will r	ot be lis	ted as
the do	cument's effective date on the	Department of State'	s records.	27	
				<u> </u>	:
ARTIC	CLE VI: Other provisions, if a	ny.			
					-
				•	-
-					-
	REQUIRED SIGNATUR	6			
	RECOURED SIGNATOR				
	Sign	ature of a member of	r an authorized representative of a member.		

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)