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M. MOON MAY 1 8 2017

COVER LETTER

	lew Filing Section livision of Corporations					
eup weg	505 N CAROLINA AVE COCC	A FLORIDA	32922			
SUBJECI	Name of	Limited Liabili	ty Company			
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.			
Please retu	irn all correspondence concerning this	s matter to the fe	ollowing:			
	DAVID L FETTERS		,			
		Name of	Person			
	D AND J MANAGEMENT COME	PANY, LLC.				
- Firm/Company						
	105 N COURTENAY PKWY.					
Address						
MERRITT ISLAND, FLORIDA 32953						
	COURTENAY105@AOL.COM	City/State and	d Zip Code			
	E-mail address: (to be t	ised for future a	nnual report notification)			
For further	information concerning this matter, pl	ease call:				
	DAVID FETTERS	321	459-2434			
	Name of Person	,	Daytime Telephone Number			
Enclosed i	is a check for the following amount:					
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee, cet Copy 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

505 M CAROLINA AVE. CO		
(Must contain the wo	ords "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
ne mailing address and street address of	the principal office of	he Limited Liability Company is:
Principal Office	Address:	Mailing Address:
105 N. COURTENAY PKWY	Y	SAME
MERRITT ISLAND FL 329)22	
MERRIT IOSINE IE 327		
ARTICLE III - Registered Agent, Regis	erve as its own Registe	stered Agent's Signature: red Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot so	erve as its own Registe orida registration.)	red Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Agent, Registered Limited Liability Company cannot so nother business entity with an active Florida street address of	erve as its own Registe orida registration.)	red Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot so unother business entity with an active Florida street address o	erve as its own Registe orida registration.) of the registered agent a	red Agent. You must designate an individual or

Florida street address (P.O. Box NOT acceptable)

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

FLORIDA

MERRITT ISLAND

City State Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DAVID L FETTERS
	105 N COURTENAY PKWY
	MERRITT ISLAND FL 32953
AMBR	JOHN P TERRERO
	105 N COURTENAY PKWY
	MERRITT ISLAND FL 32953
(Use attachment if magazami)	
(Use attachment if necessary)	
ICLEV. Effective data if other than the de	ate of filing: MAY 30 2017 (OPTIONAL)
affective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days aft
ate of filing.)	specific and calmot be more than are pasiness days prior to be 70 days and
	at meet the applicable statutory filing requirements, this date will not be listed
locument's effective date on the Department	
to the control of the control of the control	in (i) State 3 records.
ICLE VI: Other provisions, if any.	

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. 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)