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DATE: 8/27/18

NAME: DDMJ GROUP LLC

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COVERLETTER

TO:	New Filing Section Division of Corporations
SUBJE	DDMJ GROUP, LLC
SOBIE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JASON SHERMAN
	Name of Person
	DDMJ GROUP, LLC
	Firm Company
	7995 PLAZA DEL LAGO DRIVE
	Address
	ESTERO, FL 33928
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	JASON SHERMAN 239 826-6109
	Name of Person Area Code Daytime Telephone Number
Encios	ed is a check for the following amount:
\$ 125.0	O Filing Fee S130.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Ft. 323142661 Executive Center Circle

Tallahassee, Ft. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

DDMJ GROUP, LL			
(Musi con	tain the words "Limited Lial	oility Company	, "L.L.C.," or "Ll.C.")
RTICLE II - Address:			
he mailing address and street a	address of the principal offic	e of the Limited	d Liability Company is:
Princi	pal Office Address:		Mailing Address:
7995 Plaza Del Lag	o Drive; Estero, FL 33928	<u>799</u>	5 Plaza Del Lago Drive; Estero, FL 3392
The Limited Linbility Compan nother business entity with an	y cannot serve as its own Rej active Florida registration.)	gistered Agent.	nt's Signature: You must designate an individual or
RTICLE III - Registered As The Limited Linbility Compan nother business entity with an the name and the Florida street	y cannot serve as its own Regactive Florida registration.) address of the registered aga	gistered Agent.	nt's Signature: You must designate an individual or
The Limited Linbility Compan nother business entity with an	y cannot serve as its own Regactive Florida registration.) address of the registered ago Jason Shenna	gistered Agent. ent are:	nt's Signature: You must designate an individual or
The Limited Linbility Compan nother business entity with an	y cannot serve as its own Regactive Florida registration.) address of the registered ago Jason Shenna	gistered Agent.	nt's Signature: You must designate an individual or
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The Limited Linbility Compan nother business entity with an	y cannot serve as its own Rej active Florida registration.) address of the registered ago Jason Shennan N 7995 Plaza Del Lago Dri	gistered Agent. ent are: nme	You must designate an individual or

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)

18 AUG 27 AM 8: 42
SECKE JAKY DI STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JASON SHERMAN
	7995 Plaza Del Lago Drive Estero, FL 33928
MGR	DEJANU LLC 15456 Ventura Blvd, Suite 301 Sherman Oaks, CA 91403
	
(Use attachment if necessary)	
Hective date is listed, the date must be c of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
e of filing.) If the date inserted in this block does no nument's effective date on the Department's effective date on the Department's contemporaries of the provisions, if any.	specific and cannot be more than five business days prior to or 90 days at it meet the applicable statutory filing requirements, this date will not be lis-
Hective date is listed, the date must be e of filing.) If the date inserted in this block does not the date inserted in this block does not the Department's effective date on the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
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REOUIRED SIGNATURE: Signature of a maware that any factorists a third degree on structure of a may be constituted as a summer of a may be constituted as a summer of a may be constituted as third degree of a may be constituted as the constituted	member or an authorized representative of a member. Suited in accordance with section 605.0203 (1) (b). Florida Statutes. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Organization and Designation of Registered Agent