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## **COVER LETTER**

	w Filing Section vision of Corporations
SUBJECT:	CJD Group, LLC
SUBJECT.	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	Andrew Gillum
	Name of Person
	CJD Group, LLC
	Firm/Company
	1028 East Park Avenue
	Address
	Tallahassee, Florida 32301
ž	City/State and Zip Code ademetricg@gmail.com
-	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call: (850) $210 - 2400$
	Andrew Gillum -850 -519-1098 at ( )
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	Sing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CJD Group, LLC				
(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal o	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Ad	dress:
1028 East Park A	venue	1028	East Park Avenue	
Tallahassee, FL 32301		Talla		
-			<del></del>	. · <u></u>
The name and the Florida stre	eet address of the registered	d agent are:		
	Pittman Law Group,	<del></del>		
		Name		
	1028 East Park Aven	ıu	<del></del>	
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
aving been named as register ace designated in this certifica other agree to comply with the	ate, I hereby accept the app	ointment as registere elating to the proper	d agent and agree to ac and complete performa	t in this capacity. I nce of my duties, and I

ARTICLE IV-

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

# A B 4 TS 45 H	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Andrew Gillum
	1028 East Park Avenue Tallahassee, Florida 32301
	Tatianassee, Florida 32301
MGR	R. Jai Gillum
	1028 East Park Avenue
	Tallahassee, Florida 32301
AMBR	Sharon J. Lettman-Hicks
	1550 Melvin Street
	Tallahassee, Florida 32301
AMBR	Chris Chestnut
	841 Prudential Drive, Suite 1220
	Jacksonville, Florida 32207
	vacuson vinc, Fiorida 32207
(Use attachment if necessary)	
TWO DEC AND ALL TO SEE A SEC. A	e of filing: (OPTIONAL)
ective date is listed, the date must be sr	pecific and cannot be more than five business days prior to or 90 da
·	tor state s records.
·	Tor state s records.
REOUIRED SIGNATURE:  Signature of a m This document is execut I am aware that any fals	pember or an authorized representative of a member.  ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
Signature of a m This document is execut I am aware that any fals	pember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State
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