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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

	Filing Section ion of Corporations	
SUBJECT:	DAJW	LLC
oobulet	Name of L	imited Liability Company
The enclosed	Articles of Organization and fee(s)	are submitted for filing.
Please return a	ill correspondence concerning this r	natter to the following:
_	Darrell A	Name of Person
_	DAJH	/ LLC Firm/Company
-	5319 LUNG	n Viesta DR Address
_	New post ti Francisdassell E-mail address: (to be use	City/State and Zip Code 7209 Mail COM Ed for future ainual report notification)
For further info	rmation concerning this matter, plea	se call:
1		774 381-2139 Area Code Daytime Telephone Number
Enclosed is a \$\frac{1}{25.00}\$ Filin	check for the following amount: g Fee \$\int_S130.00\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

The name of the Limited Liability Company is:	
DAJW LL.C	#1.0 " W1.0"
(Must contain the words "Limited Liability Co	ompany, "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:
J319 Inc Vista Dr New port Pichay 1FG	Sanz
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: I Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Mmm property Name	maintenance and Lawn Care, LLC
10505 OSC Co Florida street address (P.O. Bo:	NOT acceptable)
New Port Rich City State	Very FL 34654
laving been named as registered agent and to accept service of proceolace designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the familiar with and accept the obligations of my position as registered.	s registered agent and agree to act in this capacity. I he proper and complete performance of my duties, and I
Registered Agent	's Signature (REQUIRED)
(CONTI	NUED)
	E L 2019 SEP -1 SEURE TAR FALLAHASS

FILED
2019 SEP -4 PM 3: 06
SECRETARY OF ALLAHASSEE, Filushi

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Darrell Franklin Francisth 53/9 Ima vista Da Newport Richay, Fl. 34652
 	
(Use attachment if necessary)	
If an effective date is listed, the date must be spethe date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
REQUIRED SIGNATURE:	
This document is execut I am aware that any false	mber or an authorized representative of a member. Scale of in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of Statutes felony as provided for in s.817.155, F.S.
Dc1	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Filing Fees: ganization and Designation of Registered Agent

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

ARTICLE IV-