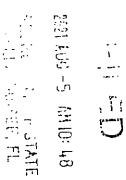
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Office Use Only



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PVISIONAL CORPORATIONS TALLAHASSEE, FLORIDA RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DJ Palmetto Partners, LLC Art of Inc. File				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2021

CAPITAL CONNECTION

SUBJECT: DJ PARTNERS, LLC Ref. Number: W21000108828

We have received your document for DJ PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 121A00018408

COVER LETTER

то:	New Filing Sec Division of Cor				
CUDU		o Partners, LLC			
SUBJI	sc1:	Name of	Limited Liab	ility Company	
The en	closed Articles of	Organization and fee(s) are submitte	d for filing.	
Please	return all correspo	ondence concerning this	s matter to the	following:	
	Gregory S. C	ropeza, Esq.			
		<u>-</u> .	Name o	f Person	
	Oropeza, Sto	ones & Cardenas, PLLO			
			Firm/C	ompany	*
	221 Simonto	n Street			
	•		Ado	lress	
	Key West, F	L 33040			
	::b@		City/State a	nd Zip Code	
	jimhett@gma		ised for future	annual report notificati	ion)
For furtl		ncerning this matter, pl		·	
	Gae Ganister		305	294-0252	
	Nam	e of Person	Area Code	Daytime Telephon	
Enclos	sed is a check for t	he following amount:			
□\$12	5.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address illing Section on of Corporations fox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 AUG -5 AM 10: 48

STORE ALIA CHI STATE TALLA MASSEE, FL

DJ	Pal	lmetto	Partners,	L	LC

(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:

Princ	ipal Office Address:		Mailing Address:
523 Eric Avenue		523	Eric Avenue
Tampa, FL 33606		Tar	npa, FL 33606
The Limited Liability Compa	nu connot carva ac ite oum D	enistered Agent	Vou must designate an individual or
nother business entity with a	n active Florida registration.)	Tou must designate an individual of
mother business entity with a	n active Florida registration. et address of the registered a James F. Hettinger)	
another business entity with a	n active Florida registration. et address of the registered a James F. Hettinger	gent are:	
another business entity with a	n active Florida registration. et address of the registered a James F. Hettinger) gent are: Name	
another business entity with a	n active Florida registration. et address of the registered a James F. Hettinger 523 Eric Avenue) gent are: Name	

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..

AMFBE2569ROUSIStered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager James F. Hettinger MGR 523 Eric Avenue Tampa, FL 33606 Donn A. Clendenon 523 Race Street, Unit T-1 MGR Philadelphia, PA 19106 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE;

A345 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.

James F. Hettinger, Member/Manager

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)