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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	· · · ·
PICK-UP	WAIT	MAIL
	(Business Entity Name)	<u></u>
	(Document Number)	
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:_____

OUNT: 120210000160: \$125.00.
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Document #
Pick up time
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<u>AMENDMENTS</u>
Amendment
Resignation
Change of Registered Agen
Dissolution/Withdrawal
Merger
Conversion
REGISTERATION/QUALIFICATIONS
Foreign filing Limited Partnership
Reinstatement .Statement of Authority
Other

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

(AMINER'S INITIALS:_____

AUTHORIZATION SIGNATURE:	
D&J Homestead, LLC	- June 1
BUSINESS (Name)	Document #
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Mail out	Will wait
Photocopy	
Certified Copy of Filing	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation
XLimited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL (Statement of Authority Other
intry	

COVER LETTER

	iew Filing Sec Division of Co				
SUBJECT		ESTEAD, LLC			
SUBJECT	l: <u></u>	Name of Lin	nited Liabili	ly Company	
The enclos	sed Articles of	Organization and fee(s) are	e submitted	for filing.	
Please retu	ım all correspo	ondence concerning this ma	stter to the fe	ollowing:	
	Robert W. A	nthony, Esquire			
			Name of	Person	
	Fassett, Anth	nony & Taylor, P.A.			
	 -		Firm/Co	npany	Authorities and Authorities an
	1325 West C	Colonial Drive			
			Addre	SS	
	Orlando, FL	32804			
	ranthony@fas		ity/State and	Zip Code	
		E-mail address: (to be used	for future as	nual report notificat	ion)
For further i	nformation co	ncerning this matter, please	call:		
	Robert Antho	ony 40	•	872-0200	
	Nam		rea Code	Daytime Telephon	e Number
Enclosed is	s a check for th	ne following amount:			
冒\$125.00	Filing Fcc	☐\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address	9	Street Address	

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabil	ity Company is:		
D&J HOMESTEAL			
(Must cor	itain the words "Limited	Liability Con	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street:	address of the principal of	office of the L	Limited Liability Company is:
<u>-</u>			
<u>Princi</u>	pal Office Address:		Mailing Address:
7521 Mourning Dov	7521 Mourning Dove Circle, Unit #301		19591 Saratoga Springs Place
Reunion, FL 34747			Ashburn, VA 20147
			
ADDRECT DESCRIPTION OF A LABOR	D. La. 1055	0 D 1 .	14 4 0
ARTICLE III - Registered Ag			ed Agent's Signature: Agent. You must designate an individual or
another business entity with an			rgent. Tou must designate an individual of
•			
The name and the Florida street	address of the registered	d agent are:	
	Mike Lyons		
	THIRE CYCHA	Name	
	12140		
	1314 Cantebury Rd.	/D O D	Now all h
	Florida street addres	ss (P.O. Box <u>r</u>	NOT acceptable)
	Winter Park, FL 327	89	
	City	State	Zip
laving been named as registered lace designated in this contiliant	agent and to accept serve	ice of process	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I
ince designated in this certificate in their agree to countly with the n	s, i nereby accept the app provisions of all statutes e	elating to the	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
m familiar with and accept the o	bligations of my position	as registered	agent as provided for in Chapter 605, F.S
		_	- , ,
	art Ly-		
	Regist	ered Agent's	Signature (REQUIRED)
			Commercial Commerci
		CONTINI	HED)

17.17

ARTICLE IV-

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

<u>Title:</u>			
	thorized Member		
"MGR" = Mar	ager		
MGR		Darrell Grant	
		19591 Saratoga Springs Place	_
		Ashburn, VA 20147	_
			_
			-
			-
			_
			-
			_
			_
			_
EV: Effective ctive date is li f filing.)	sted, the date must be spe	of filing: November 27, 2023 (OPTIONAL) ecific and cannot be more than five business days prior to or 9	
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