L24000016510

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/10/2024					##TI/A 7 E/	Ph/shs
ENTITY NAME IDJ INT	EDNATIONAL I I	C			**WALK	Z/¶**
ENTITY NAME	ENVATIONAL LL	<u> </u>				
DOCUMENT NUMBER_						
	PLEASE FILE TH	HE ATTACHEL	AND RETURI	V		
	Plain Copy					
XXXXXX	Certified Copy					
	Certificate of Status					
/	PLEASE OBTAIN THE P	FOLLOWING FO	OR THE ABOVE	ENTITY		
	Certified Copy of Arts		7			
	Certificate of Good St	tanding			·	
	APOSTILLE' / I	NOTARIAL C	ERTIFICATIO	DN		
COUNTRY OF DESTINAT	70N					
NUMBER OF CERTIFICA	TES REQUESTED					
TOTAL OWED \$155.00)		ACCOUNT #	: 12016000007	'2	
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Please call Tina at ti	he above number for	any issues		•	ro much!	

COVER LETTER

то:	New Filing Sec Division of Co			
SUBJI	CT: IDJ Intern		nited Liability Company	
		rune or em	med Elability Company	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this ma	tter to the following:	
	Kim Baraj	as for InCorp Services		
			Name of Person	
	InCorp Se	rvices, Inc.		
	•		Firm/Company	_
	3773 How	ard Hughes Pkwy. · S	uite 500S	
		•	Address	-
	Las Vegas	s, NV 89169-6014		
			ity/State and Zip Code	
		@incorp.com	for future annual report notificati	on)
., .			·	on
For furth	ier information co	ncerning this matter, please	call:	
	Kim Baraias fo	or InCorp Services, Inc. at 80	0-246-2677	
			rea Code Daytime Telephone	e Number
Enclos	ed is a check for t	he following amount:		
□\$12	5.00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section	Street Address New Filing Section Di	ivision

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 1 - Name: The name of the Limited Liability Company is:				
IDJ International LLC				
(Must conatin the words "Limited Liabil	ity Company	z, "L.L.C., "or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limite	d Liability Company is:		
Principal Office Address:		Mailing Address:		
75 Columbia Avenue	75 Columbia Avenue			
Cedarhurst, NY 11516	Ce	Cedarhurst, NY 11516		
(The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agen	_	. For must designate an individual of		
InCorp Services, Inc.				
Nan	ne			
3458 Lakeshore Drive				
Florida street address (P.C	, Box <u>NOT</u>	acceptable)		
Tallahassee, FL 3231				
City	State	Zip		

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..

Kim Barajas on behalf of InCorp Services, Inc.

Kim Barajas on be
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Andrew Spodek 2023 Investment Trust 75 Columbia Avenue Cedarhurst, NY 11516 MGR (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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: 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. Kim Baraias 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)

ARTICLE IV-