P13000070850

(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:				

Office Use Only

W13-41100



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07/17/13--01026--001 **78.75

13 AUG 23 PM I2: 58
SECNETARY OF STATE
ASSESSED FOR IDA

1 08/27/13



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2013

STA-IS 1275 BARCLAY BLVD. BUFFALO GROVE, IL 60089

SUBJECT: D&J MANAGEMENT CORP.

Ref. Number: W13000041100

We have received your document for D&J MANAGEMENT CORP. and your check(s) totaling \$78.75. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000120648 (D & J MANAGEMENT, LLC.).

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 313A00017721

COVER LETTER

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

Tallahassee, FL 323	314		
SUBJECT: JDF	lUS Managemen	t Corporation	
	(PROPOSED CORPORA	I E NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
		<u> </u>	
FROM: A	leksandra Krasin	ski	
7 KOM	Name	(Printed or typed)	
12	275 Barclay Blvd.		
	A	ddress	-
В	uffalo Grove, IL 6		
	City, S	State & Zip	
Q/	17 405 2076		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

Aleksandra.Krasinski@STA-IS.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	tion shall be: JDHUS Managemen	t Corpora	tion	
	NCIPAL OFFICE Principal street address	1	Mailing address, if different	is:
499 SE Seville	e St.	·		<u></u>
Stuart, FL 349	994			
ARTICLE III PUR The purpose for which the	POSE he corporation is organized is: Any law	ful purpos	es.	
			Ž	g 3
			AH A	
ARTICLE IV SHA The number of shares of	IRES stock is:		SSEE, FLORIDA	3 PM 12: 58
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTORS David E. Husnander, Sr/Director	<u>S</u>	David E. Husnander,	Ir/Director
Name and Title	<u> </u>	Name and Title	499 SE Seville	
Address	499 SE Seville St. Stuart, FL 34994	Address:	Stuart, FL 3499	
Name and Title:	Jeffrey T. Husnander/Director	Name and Title		
Address	100 SE Sovilla St	Address:		•
Addicas	Stuart, FL 34994	Auditess.		•
Name and Title:		Name and Title:		
Address		Address:		

Name a	nd Title:	Name and Title:
Addres	ss	Address:
		<u> </u>
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	David E. Husnander, Jr.	The registered agent is.
Address:	499 SE Seville St.	- ÆE 3
	Stuart, FL 34994	SECRET
ARTICLE VII	INCORPORATOR	AUG 23 PM 12: 58 CRETARY OF STATE LAHASSEE. FLORID
The name and	address of the Incorporator is:	FLOO
Name:	David E. Husnander, Jr.	RATE 8
Address:	499 SE Seville St.	<i>≯</i>
	Stuart, FL 34994	_
	amed as registered agent to accept service of process I jam familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
		7-9-13
	Required Signature/Registered Agent	Date
I submit this de	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
SIN		7-9-13
	Required Signature/Incorporator	Date