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N. Guillean SEP 2 0 2013

TO:

Registration Section

COVER LETTER

Division of Corp	porations		
SUBJECT:	Jui ay Xp	ressions	
	Name of Limit	ed Liability Company	
•			
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
chas	itidy Rouse	Hree	
	Juliay)	Ypressions Firm/Company	,
)	Firm/Company	
1203	12 5W Z	8th St. Address	
		Address	
miran	nar, FL 3	y/State and Zip Code So grail. Cor or future annual report notification)	
	Cit	y/State and Zip Code	
Sur	ieu Xamesion	a Damail. com	71
	E-mail address: (to be used t	or future annual report notification)	<u></u>
	2 man addition (to be about	or tatore amount report nonrealony	
For further information co	ncerning this matter, please	call:	
Chastidy			
Chastidu	Randtree	at (786) 955 - V Area Code & Daytime Telepi	1127
Name of	Person	Area Code & Davtime Telepl	hone Number
•	•		
Enclosed is a check for	the following amount:		
\$125.00 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)
		•	
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company is:
Juian	Xpressions, LLC
A.	fust end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addre	ddress: ss and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
12032 S.W. 28th St.	12032 SW 28th St MIRGMAG FL 33005
	1. 11 amar, FL 3005

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Chocking Rundtree

Name

12032 SU 28th St.

Florida street address (P.O. Box NOT acceptable)

Oxicamas Su 28th St.

City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Chastidy Roundtree 12032 SW 28th SL mrgmar, FL 33025
MGRM	Ockessa Smith 12032 SW 28th St miramar, FL 33025

(Use attachment if necessary) CLE Va. Effective data if other than the	ho data of filings (ODTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date muto or 90 days after the date of filing.)	he date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date muto or 90 days after the date of filing.) REQUIRED SIGNATURE:	ner or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the end of the constitutes an affirmation und I am aware that any false info constitutes a third degree felo	there is an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. The permation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must our 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the end of the constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ber r an authorized representative of a member. 388 389 389 380 380 380 380 380 380 380 380 380 380

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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