Electronic Filing Cover Sheet

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(((H040001543263)))

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To:

Division of Corporations

Fax Number

: (850)205-0393

From:

Account Name : HUBCO

Account Number: 104662003400

Phone : (516)935-3940 Fax Number : (516)935-3088

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LIMITED LIABILITY COMPANY

Jupiter Farms Massage LLC

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\$130.00

Electronic Filing Menu.

Corporate Filing:

Public Access, Help.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Jupiter Farms Massage LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Jupiter Farms Publix Shopping Center	Jupiter Farms Publix Shopping Center
Jupiter, FL 33478	Jupiter, FL 33478
	Q William
ARTICLE III - Registered Agent, Registered The name and Florida street address of the registered ag	rent arc:
Ead Wil	
	Name 5 0
9609 Mg	ockingbird Trail
(P.O.	Box or Mail Drop Box NOT Acceptable)
Jupiter,	FL 33478
	(City / State / Zip)
at the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision	of service of process for the above stated limited liability company coept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in

Registered Agent's Signature - Lisa Koltun

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR"=Manager

"MGRM"=Managing Member

MGR

Lisa Koltun- 9609 Mockingbird Trail, Jupiter, FL 33478

(Use attachment if necessary)

REQUIRED SIGNATURE:

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee