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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

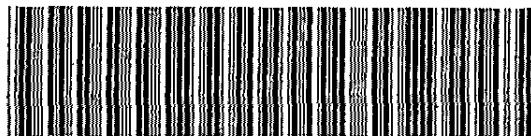
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/23/04--01014--010 \*\*125.00

04 SEP 23 PM 4:05

DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Street Address:  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

SUBJECT: JOSUJA, LLC

Enclosed is an original and 2 copies.

Filing fee for the articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization.  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

**Please send one check for the total amount made payable to the Florida Department of State.**

SIGNED: James C. Aungst

From:

James C. Aungst  
Name

7418 Seagull Way  
Address

Tampa FL 33635  
City State Zip

(813) 786-3072  
Telephone Number

(Please have a copy *stamped with the filing date* and returned)

04 SEP 23 PM 1:05  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **JOSUJA, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 7418 Seagull Way, Tampa FL 33635.

**ARTICLE III – Registered Agent, Register Office, & Registered Agent's Signature:**

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

James C. Aungst

Name

7418 Seagull Way

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

Tampa FL 33635

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 register 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.

[Signature]  
Registered Agent's Signature

**ARTICLE IV – Management (Check box if applicable.)**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

[Signature]  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(30), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SUSAN J. AUNGST

Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy(Optional)**

**\$ 5.00 Certificate of Status (Optional)**

06 SEP 23 PM 1:00

FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

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0 SEP 23 PM 1:05

RECEIVED  
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04 SEP 23 6:11:05  
DIVISION OF CORPORATIONS