L040000073

2004 OCT 29 P J: 44 SECRETARY OF STATE (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



000040574360

08/30/04--01062--020 **87.50

10/29/04--01003--014 **72.50

104.33217



FILED

FLORIDA DEPARTMENT OF STATE 2014 DCT 29 P 4: 44 Glenda E. Hood

Letter Number: 204A00053187

Glenda E. Hood Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 1, 2004

ROBERTA A CHRISTIE 506 MCDANIEL ST TALLAHASSEE, FL 32303

SUBJECT: JUST EXCHANGE LLC Ref. Number: W04000033217

We have received your document for JUST EXCHANGE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return the 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) 245-6929.

Justin M Shivers Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

4 October 2004 FILED

To: Régistration Section. Division of Corporations.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Perse find encessed the fellowing:

* Transmittal letter and drinces of

Organization for Florida Limited

Lishility Comany "Just Exchange"

* Check for \$72.50

* Chick for \$72.50

Check for \$87.50 pent in ever in august 2004.

Rem proces the anced Degenizer (IC As requested. There ign for your loss

Rune Carito

TRANSMITTAL LETTER

FILED

TO: Registration Section Division of Corporations		FILED
SUBJECT: Just Exchange, (Namgor L	L.L.C	2004 OCT 29 P 4: 44
(Name of L	imited Liability Company)	3ECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) an	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Roberta A. Christic (Name of Person)		
(Name of Person)		
Just Exchange, LCC		
506 McDaniel St (Address)		-
Tallahassee H 3230	3	
(City/State and Zip Code)		
For further information concerning this matter, plea	se call:	
Maria Fé Brooks (Name of Person)	at (850) 5644 (Area Code & Daytime Telephone	1-1702 Number)
(Name of Folson)	(Area Code de Daytime Telephone	Number
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	-
,	·	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. N	
ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
Just Exchange (LLC)	2004 OCT 29 P 4: 44
ARTICLE II - Address: The mailing address and street address of the principal of	SECRETARY OF STATE TALLAHASSEE, FLORIDA office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
506 McDaniel St	506 McDaniel St
Tallahassy 21 32303	Tauahasse, 7c 32303
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered Maria Fé Brooks Name	agent are:
8785 Minnow Cree	
Florida street address (P.O. Box NO	
Tauchassee FL City, State, and Zip	32312
City, State, and Zip	
Having been named as registered agent and to accept set liability company at the place designated in this certifica registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent	te, I hereby accept the appointment as ner agree to comply with the provisions of all to of my duties, and I am familiar with and as provided for in Chapter 608, F.S
Registered Agent's Signatu	re

(CONTINUED)

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

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

	ta A. Chr VncDaniel St chassee Fe	2004 OCT SECRET TALLAHA 32303	29 P # ARY OF STA
506	McDaniel St	TĂLLĂĦĀ	ARY OF STA
		** *	
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(Use attachment if necessary)			•
NOTE: An additional article must be added if an	effective date is r	equested.	
REQUIRED SIGNATURE:			
Signature of a member or an authoriz (In accordance with section 608.408(3), of this document constitutes an affirmation of the section of t	red representative of	execution	

44

Filing Fees:

Typed or printed name of signee

\$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)