L05000052531

(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:

Heather Bailey GAVE AUTHORIZATION BY PHONE TO CORRECT #1 and #4
DATE 5-26-05
DOC. EXAM MBF

5/26

Office Use Only

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05/23/05--01024--018 **160.00

FILED
05 MAY 23 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Show Up ! LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Bailey
(Name of Person)

Just Show Up! LLC
(Firm/Company)

3931 West State Rd. 84 #203
(Address)

Davie, Fl 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Bailey at (954) 699-3190
(Name of Person) (Area Code & Daytime Telephone 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)

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TALLAHASSEE FLORIDA

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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Just Show Up! LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3931 West State Rd 84
#203
Davie, FL 33312

Mailing Address:

3931 West State Rd 84
#203
Davie, FL 33312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Heather C. Bailey
Name

3931 W. State Rd 84. #203
Florida street address (P.O. Box NOT acceptable)

Davie, FL 33312
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(CONTINUED)

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

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Heather Bailey 3931 W. State Rd 84 #203 Davie, FL 33312
Vice President	Simone Stewart 2980 NW 43rd Terrace #105 Lauderdale Lakes, FL 33313
Secretary	Tanisha Wilson 1845 E. Wolfchase Circle Cardova, TN 38016
Treasurer	Michelle Surtain 380 Sweet Bay Avenue Plantation, FL 33324

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Heather Bailey

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

(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.)

Heather Bailey

Typed or printed name of signee

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05 MAY 23 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)