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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: ### ### ### ### ####################





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08/04/05--01014--014 **160.00

A CONTRACTOR

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Just Trim. (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:
Steven Cole Worley (Name of Person)
Just Trim, LC. (Firm/Company)
4949 East State Road 64, #135
Bradenton, FL 34208 (City/State and Zip Code)
For further information concerning this matter, please call:
Steven Worley at (941) 713-1920 (Name of Persoh) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status □ \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

RICLES OF ORGANIZATION FOR FL	ORIDA LIVILLED LIABILITY CONFANT
ARTICLE I - Name: The name of the Limited Liability Company is:	
Just Trim, LLC.	·
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4949 East State Road 64 # 135 Bradenton, FL 34208	4949 East State Road Let # 135 Bradenton, FL 34208
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
	•

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

Bradenton, FL FL 34208

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 Signature

(CONTINUED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Jaime Dicole Sonford Wo 1131 - B Corlbon Arms Blud Bradenton, FL 34208
Use attachment if necessary)	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	C. Warh
REQUIRED SIGNATURE:	C. Warty mber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a me (In accordance with of this document of	mber or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)