L07000028666

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | ldress) | |
| (Ad | ldress) | · |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| · (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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04/05/07-01034-016 **25.00 **25.00 OT APR-5 PM 2: C

COVER LETTER

| TO: Registration Division o | n Section f Corporations | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------|
| SUBJECT: Just | Interjacent, LLC | • | | |
| | (Name o | of Limited Liability Co | mpany) | |
| Dear Sir or Madam | | | | |
| The enclosed Articl | es of Correction and fee(s) a | re submitted for filing. | | |
| Please return all cor | respondence concerning this | s matter to the followin | g: | |
| Dan W. Armst | rong | | | |
| | (Name of Person) | | _ | 07 A |
| Law Offices of [| Dan W. Armstrong, P.A | | | APR -5 |
| | (Firm/Company) | | - | ن ص |
| 822 A1A North, | Suite 303 | | | PH 2: 00 |
| | (Address) | | _ | : 00 |
| Ponte Vedra Be | ach, FL 32082 | | | |
| | (City/State and Zip Code) | | _ | |
| For further information | tion concerning this matter, | please call: | | |
| Dan W. Armstror | ng | at (904 |) 280-0058 | |
| 1) | Name of Person) | | Daytime Telephone Number) | |
| STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida | tions ter Circle | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check | for the following amount: | ; | | |
| ☑ \$25 Filing Fee | \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status & Certified Copy | |

CR2E062 (08/05)

ARTICLES OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

| FIRST JUST IN | : TERJACE | The name of the limited liability company is: NT, LLC | | _ |
|------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <u>SECO</u> | <u>ND</u> : | The articles of organization or the application to transact business | | |
| <u>(CH</u> | ECK T | HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM | <u>ENT</u> | |
| V | | as an incorrect statement. The incorrect statement, the reason the statement is ct, and the corrected statement are as follows: | İS | |
| | PLEASE | E DELETE THE NAME OF ANDREA ANTHONY AS MEMBER MANAGER; THE | | _ |
| | LCC W | LL LIST ONLY MALCOLM ANTHONY AS THE SINGLE MEMBER MANAGER. | | _ |
| | <u>OR</u> | | 07 | SIMO 1 |
| | Was de | fectively signed. The manner in which the document was defectively signed ropriate correction are as follows: | 多 d | CRETARY |
| | | | PH 2: | 98708/A |
| | | | 00 | -SKOHE |
| | | | | _ |
| Dated: | APRIL | 3RD , 2007 . | | |
| | | Signature of a member of authorized representative of a member | | |
| | | Typed or printed name of signee | | |
| | | Filing Fee: \$\frac{1}{2}5.00\$ Certified Copy: \$\frac{3}{2}0.00\$ (optional) | | |

Electronic Articles of Organization For Florida Limited Liability Company

L07000028666 FILED 8:00 AM March 16, 2007 Sec. Of State nculligan

Article I

The name of the Limited Liability Company is: JUST INTERJASENT, LLC

Article II

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

4 SAWGRASS VILLAGE 230B PONTE VEDRA BEACH, FL. 30825013

The mailing address of the Limited Liability Company is:

4 SAWGRASS VILLAGE 230B PONTE VEDRA BEACH, FL. 30825013

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MALCOLM ANTHONY 4 SAWGRASS VILLAGE 230B PONTE VEDRA BEACH, FL. 320825013

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.

Registered Agent Signature: MALCOLM ANTHONY

DIVISION OF CORPORATIONS

07.APR -5 PH 2: 00

Article V

The name and address of managing members/managers are:

Title: MGRM
MALCOLM ANTHONY
4 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL. 320825013

Title: MGRM ANDREA ANTHONY 4 SAWGRASS VILLAGE PONTE VEDRA BEACH, FL. 320825013

Signature of member or an authorized representative of a member

Signature: DAN ARMSTRONG

L07000028666 FILED 8:00 AM March 16, 2007 Sec. Of State nculligan