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Effective Date 09/01/2007

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SECRETARY OF STATE DIVISION OF CORF CNATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			
SURI	_{கண} ் Just Be	etween Us Consu	Itants, LLC	
SUBJ	ECI:		ed Liability Compa	ny)
The e	-alaaad Audialaa af	O	aubarista d fan filina	
		Organization and fee(s) are	_	
Please	e return all correspo	ondence concerning this mat	ter to the following:	
	Bernadette	Costanzo		
			(Name of Person)	
			(Firm/Company)	
	6790 North	n Pine Island Roa	d	
			(Address)	
	Tamarac, I	Florida 33321		
			y/State and Zip Code)
For fu	orther information c	oncerning this matter, please	e call:	
Bernadette Costanzo at (954 .) 205-9719				205-9719
	(Name	ot Person)		& Daytime Telephone Number)
Enclo	sed is a check for	the following amount:		•
□ \$125	5.00 Filing Fee 【	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Board Execution Clifton Board Execution Clifton Board Execution Board	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2007

BERNADETTE COSTANZO 6790 N PINE ISLAND RD TAMARAC, FL 33321

SUBJECT: JUST BETWEEN US CONSULTANTS, LLC

Ref. Number: W07000039558

We have received your document for JUST BETWEEN US CONSULTANTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6855.

Letter Number: 807A00049577

Tammy Hampton
Document Specialist
Registration/Qualification Section

O7 AUG 22 PH 12: 4 1
SECREDATE OF STATE
TALLANDSSEE OF STATE

Effective Date 09/01/2007

AKTICLES OF URGANIZATION FUR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Just Between Us Consultants, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
8600 NW 38th Street, #191	6790 North Pine Island Road	
Sunrise, Florida 33351	Tamarac, Florida 33321	
		_

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bernadette Costanzo
Name
6790 North Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Tamarac, Florida 3332į
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's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 DIVISION OF CONCENSION STATES

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Веглаdette Costanzo	
	6790 North Pine Island Road	
	Tamarac, Florida 33321	
MGRM	Serina Mercado	
	8600 NW 38th Street, #191	
	Sunrise, Florida 33351	
	and the state of t	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 1, 2007. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Bernadette Costanzo

Typed or printed name of signee

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)