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(Requestor's Name)		
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(Business Entity Name)		
(Document Number)		
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**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Just us Three, LLC. (Name of Limited Liability Company)
(ivaline of bilinted blaotity Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gerald Ladon Johnson Jr. E. B.
(Name of Person)
JustusThree LLC.
(Firm/Company)
1120 W. Harvard St.
Orlando, FL 32804 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
G. Ladon Johnson at (407) 242-7327 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & D\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1120 W. Harvard St OrLando, F1 32804	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Gerald Lav	In Johnson Jo 記言言
Name	Section
1120 W. H	arvard st. To
	lress (P.O. Box NOT acceptable)
Orlando T	FL 32804
City, State, a	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position to regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all informance of any duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
(CONTINI Page 1 of 2	

Gerald Ladon Johnson J
OCLando, F1 32204
James Jared Johnson 1605 Tulane St.
Bryan Smith 952 CHAUGOTON COURT GMNOOVINE, 4A 20506
te of filing: (OPTIONAL
pecific and cannot be more than five business days
-
r an authorized representative of a member.
on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
Tokason Tr.  I 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)