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## **COVER LETTER**

10:	Registration Section Division of Corporations
SUBJE	Amjust, LLC
Sebte	(Name of Limited Liability Company)
The encl	sed Articles of Organization and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	Randall R. Schmidlin
<del>_</del>	(Name of Person)
	licks, Schmidlin & Salim, P.C.
_	(Firm/Company)
	409 Gateway Centre, Ste. E
_	(Address)
	lint, MI 48507
	(City/State and Zip Code)
For furth	information concerning this matter, please call:
Ran	all R. Schmidlin 810 232-5038
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Status } \Bigcup \\$155.00 \text{ Filing Fee & Certificate of Status } \Bigcup \\$160.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ 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 - N		is:
Amjust, LLC	<u>:</u>	
	Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
•		
ARTICLE II - A The mailing addr		principal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
1499 W. Pal	metto Park Road	1499 W. Palmetto Park Road
Suite 405		Suite 405
Boca Raton,	FL 33486	Boca Raton, FL 33486
The name and the	<del></del>	e
	City, State, a	<u></u>
liability compa egistered agent ar statutes relating	ny at the place designated in to nd agree to act in this capacity to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
		EC 29 AM
	(CONTINU	
	Page 1 of 2	

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

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

IGRM" = Managing Member	Patrick W. Savage  1499 W. Palmetto Park Road, Ste Boca Raton, FL 33486
IGR	1499 W. Palmetto Park Road, Ste
	Book Racon, 11 33400
<del></del>	
•	
·	
e attachment if necessary)	
ive date is listed, the date must be a safter the date of filing.)  OUIRED SIGNATURE:	date of filing: (OPTIONAL especific and cannot be more than five business days
	' or an anthorized representative of a member.
Signature of a member	or an authorized representative of a member.
Signature of a member (In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
(In accordance with sect of this document constituent that the facts stated here.)  Patrick W. S.	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury trein are true.)
(In accordance with sect of this document constituent that the facts stated here.)  Patrick W. S.	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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