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SECRETARY OF STATE

J. BRYAN

NOV 1 7 2009

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor							
SUBJ	_{ECT:} JUST F	PERFECTION, L.L	C.					
		(Name of Limite	d Liabilit	y Company)				
The er	nclosed Articles of	Organization and fee(s) are s	ubmitted	for filing.				
Please	return all correspo	ndence concerning this matte	er to the f	ollowing:				
	MARIA BO	SZKO						
		(Name of F	Person)				
			(Pi (Ci					
		'	(Firm/Con	трапу)				
	3718 Harro	ogate Drive				SEC	<u> </u>	
			(Addre	ess)		船	2	
	Valrico, FL					ARY	5	
		(City	/State and	Zip Code)		70	곺	ED
For fu	rther information c	oncerning this matter, please	call:			STATE	PM 2: 33	
MAI	RIA BOSZK	O	at (8	13 , 681-90)43 or (813) 2	45-1055		
	(Name	of Person)		Area Code & Daytim	ne Telephone Num	ber)		
Enclo	sed is a check for	r the following amount:	din					_
□ \$125	5.00 Filing Fee 【	\$130.00 Filing Fee & Certificate of Status	Cert	.00 Filing Fee & ified Copy is enclose	Certifica d) Certified	Filing Fee ate of Statu I Copy Il copy is end	us &)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Add Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle		Dr.	D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	ress and street address of	the principal office of the Limited Liability Compa	ny is
Principal Office	e Address:	Mailing Address:	
3718 Harrogate Driv	re	3718 Harrogate Drive	
Valrico, FL 33596		Valrico, FL 33596	
ARTICLE III -	Registered Agent, Regi	stered Office. & Registered Agent's Signature:	
ARTICLE III - (The Limited Liability business entity with The name and th	Registered Agent, Registered Agent, Registered Agent, Registration of the Property of the Prop	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or anger If the registered agent are: Name SEE FLOOR Name	FILED
ARTICLE III - (The Limited Liability business entity with The name and th	ie i forida su cet address e	O P I	FILED
ARTICLE III - (The Limited Liability business entity with The name and th	MARIA BOSZK	O Nome	FILED

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

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	er	
MGR	MARIA BOSZKO	
	3718 Harrogate Drive	
	Valrico, FL 33596	
MGR	ARIADNA BOSZKO	
	3718 Harrogate Drive	
	Valrico, FL 33596	
MGR	ALEXANDRA OFFERMANN	77 S 09
	3718 Harrogate Drive	EC N
	Valrico, FL 33596	¥ 2
	ALATAL IA POSTICO	16 ARN SSI
MGR	NATALIA BOSZKO 3718 Harrogate Drive	ून 👱
	Valrico, FL 33596	
	Valided, FE 30030	2: 34 STATE LORIO
(Use attachment if necessary)		
T.F.V. Effective date if other t	han the date of filing:	(OPTION)
	must be specific and cannot be more than	
days after the date of filing.)	must be specific and calmot be more than	in the second second
,		
REQUIRED SIGNATURE:		
····	ρ	
mar	ia Boszko	
Signature of a	member or an authorized representative of a r	member.
(In accordance	e with section 608.408(3), Florida Statutes, the exe	ecution
of this docume	ent constitutes an affirmation under the penalties of	f periury

Filing Fees:

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

MARIA BOSZKO

that the facts stated herein are true.)

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

Typed or printed name of signee