L11000016913

(Requestor's Name)
(Address)
(100.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Nation)
Certified Copies Certificates of Status
Consideration to Filler Office
Special Instructions to Filing Officer:

Office Use Only



300193329203

02/08/11--01022--025 **130.00

Effective Date 2 4 1

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB - 9 2011

EXAMINED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: IT'S JUST FOR YOU!, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael J. Owens
Name of Person
IT'S JUST FOR YOU!, LLC
Firm/Company
630 Cedar Grove Drive
Address
Brandon, FL 33511
City/State and Zip Code
mowens04@att.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael J. Owensat (813 294-2605
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ 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

Effective Date 2/4/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IT'S JUST FOR YOU!, 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:630 Cedar Grove Drive630 Cedar Grove DriveBrandon, FL 33511Brandon, FL 33511

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:

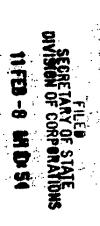
Michael J.	Owens
	Name
630 Cec	lar Grove Drive
	Florida street address (P.O. Box NOT acceptable)
Brandon,	_{FL} 33511
	City, State, and Zip

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



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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Michael J. Owens
	630 Cedar Grove Drive
	Brandon, FL 33511
(Use attachment if necessary)	
(Obe attachment it necessary)	
CLE V: Effective date, if other than	n the date of filing: 2/4/2011 (OPTIONAL)
offective date is listed, the date mu	ust be specific and cannot be more than five business days p
0 days after the date of filing.)	ist be specific and cannot be more than five business days p
o days after the date of fining.)	
97	
3 ,	
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael J. Owens

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)