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T. CLINE

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Just the Books Book	keeping, LLC
	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Loretta Dicks	
	Name of Person
Just the Books Bookkee	eping, LLC
	Firm/Company
289 NW Woodlands Terr	
	Address
Lake City, FL 32055	
Idioath a back 200 @ anail a ana	City/State and Zip Code
Idjustthebooks90@gmail.com	and for future annual capacit notification)
For further information concerning this matter, ple	ease call:
Loretta Dicks	at (386) 365-3270 SEE ARX 22 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	元 ▶
\$125.00 Filing Fee \$\bigcip\$\$130.00 Filing Fee & Certificate of Status	
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
Just the Books Bookkeep	oing, LLC	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	64	
The mailing address and street address	of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
289 NW Woodlands Terr	289 NW Woodlands Terr	
Lake City, FL 32055	Lake City, FL 32055	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an in	at's Signature: dividual or apother SECRETAR)
Loretta Dicks		R 2:
	Name	

289 NW Woodlands Terr

Florida street address (P.O. Box NOT acceptable)

Lake City

_{E1} 32055

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Loretta Dicks
	289 NW Woodlands Terr
	Lake City, FL 32055
	
(Use attachment if necessary)	
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	nan the date of filing: (OPTION/nust be specific and cannot be more than five business da
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business day
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with secconstitutes an affirmation of a secondary that any false)	nust be specific and cannot be more than five business day
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with secconstitutes an affirmation of a secondary that any false)	nust be specific and cannot be more than five business day
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see constitutes an affirmation of a secondary that any false constitutes a third degree.)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document in a under the penalties of perjury that the facts stated herein are gride to information submitted in a document to the Department of States are felony as provided for in s.817.155, F.S.)
REOUIRED SIGNATURE: (In accordance with sec constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document mon under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)