

**L11000041897**

**Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
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**FLORIDA LIMITED LIABILITY CO.**

**Just Cruizin LLC**

Certificate of Status	0
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**T. HAMPTON**

APR - 8 2011

**EXAMINER**

H11000091605 3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

JUST CRUZIN LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

5112 INVERNESS DRIVE  
SARASOTA, FLORIDA 34243

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

KARI ANN NOURSE  
5112 INVERNESS DRIVE  
SARASOTA, FLORIDA 34243

Having been named as registered agent 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.



KARI ANN NOURSE / Registered Agent's signature

H11000091605 3

H11000091605 3

PAGE 2 JUST CRUIZIN LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
KARI ANN NOURSE  
5112 INVERNESS DRIVE  
SARASOTA, FLORIDA 34243

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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.

KARI ANN NOURSE

H11000091605 3