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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration S Division of Co			
_{SUBJECT:} Just D	o Something, LL	С	
		ed Liability Company	
The enclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Jason P.	Diven		
		Name of Person-	
Just Do S	Something, LLC		
		Firm/Company	
1225 Gol	fview Street		<u></u>
		Address	
Orlando, F			
		y/State and Zip Code	
jpdiven@ya		or future annual report notification)	
For further information	concerning this matter, please	•	
Jason P. Diven		at (561) 248-1511	
Name	of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
Just Do Something, LLC						
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Con	npany is			
Principal Office Address:	Mailing Address:					
1225 Golfview Street Orlando, FL 32804	1225 Golfview Street Orlando, FL 32804					
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's red Agent. You must designate an individ	Signature dual or anothe	e: :r			
The name and the Florida street address of the re	gistered agent are:					
Jason P. Diven						
Name						
1225 Golfview Str	eet					
	ress (P.O. Box <u>NOT</u> acceptable)					
Orlando, FL 32804	FL					
City, Sta	te, and Zip					
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signatus (CONTINUE)	nis certificate, I hereby accept the I further agree to comply with the formance of my duties, and I am tered agent as provided for in Char are (REQUIRED)	e appointm the provision familiar valuater 608 FECRETARY OF ST	ient as ions of a with and			
- 190 + 41-		>				

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber
MGR	Jason P. Diven
	1225 Golfview Street
	Orlando, FL 32804
MGR	Lindsay A. Diven
	1225 Golfview Street
	Orlando, FL 32804
(Use attachment if necessa	ry)
OTTOTAL FIRST CL. 14 CC. (C. (1	d d to CCP (OPTIONAL)
	ner than the date of filing: (OPTIONAL)
effective date is listed, the da 0 days after the date of filin	ate must be specific and cannot be more than five business days p
o days after the date of thin	g. <i>)</i>
REQUIRED SIGNATUR	kE:
1	$\mathcal{A} \mathcal{O}$
/	
James	
/ Signature	of a member or an authorized representative of a member.

Jason P. Diven

Typed or printed name of signee

(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.)

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)