

L12000008245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

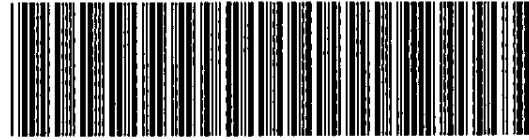
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W1200000822

Office Use Only

EFFECTIVE DATE 1/6/12



500218069685

01/13/12--01021--008 **125.00

FILED
12 JAN 13 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 18 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2012

LYNETTE ABNEY
1705 SW CLOVERLEAF ST.
PORT ST LUCIE, FL 34953

SUBJECT: JUST BETWEEN FRIENDS TREASURE COAST LLC
Ref. Number: W12000002822

We have received your document for JUST BETWEEN FRIENDS TREASURE COAST LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 13, 2012. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 812A00001049

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12 JAN 13 PM 2:42
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Just Between Friends Treasure Coast 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:

Lynette Abney

Name of Person

Just Between Friends Treasure Coast LLC

Firm/Company

1701 SW Cloverleaf St

Address

Port St Lucie/Florida 34953

City/State and Zip Code

lynetteabney@jbfsale.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynette Abney

Name of Person

at (772)

801-8725

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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 Circle
Tallahassee, FL 32301

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12 JAN 13 PM 2:42
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Just Between Friends Treasure Coast 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:

1701 SW Cloverleaf St.

Port St Lucie FL 34953

Mailing Address:

1701 SW Cloverleaf St.

Port St Lucie FL 34953

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:

Lynette Abney

Name

1701 SW Cloverleaf St

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

Port St Lucie FL 34953

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

EFFECTIVE DATE 1/6/12

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

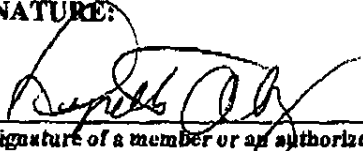
MGR

Lynette Abney
1701 SW Cloverleaf St
Port St Lucie FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/6/12 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Lynette Abney

Typed or printed name of signer

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA