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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
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Effective Date 3-22-12

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SECRETARY OF STATE:
TALLAHASSEE, ELORIDA

J. SAULSBERRY EXAMINER

APR 13 2012

COVER LETTER

144	TO:	Registration Se Division of Co		•			
	SUBJ	_{ECT:} Justin	-Tyme LLC	Stamper	REMOY	ations	
		*	Name of Limi	ted Liability Compar	ıy		
			Organization and fee(s) are ondence concerning this materials.	·			
		Rex Stan	nper				
				Name of Person			
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	•	
		2112 SE :	5th Street				
		Cape Coral	FL 33990			201 SE	
		FD Cl	ansaddle@1	70L, Cor		2 MAR CRETA	Entergi B Marian
			E-mail address: (to be used	for future annual repor	t notification)	RY SEE	f
	For fu	rther information of	concerning this matter, pleas	e call:	•	7 A	j "]"
	Rex	Stamper		at (239)	440-2547	£ ₹ ₹	
		Name o	of Person		& Daytime Telephone	Number > 3	
	Enclo	sed is a check fo	r the following amount:			•	
V	\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	y Cer is enclosed) Cer	50.00 Filing Fee, ratificate of Status & ratified Copy litional copy is enclosed)	
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu	f Corporations		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Justin-Tyme-LLC Stamp	per Benovat	10	45 l	LC	/
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited	Liat	oility Co	mpany	/ is:
Principal Office Address:	Mailing Address:				
2112 SE 5th Street Cape Coral FL 33990	2112 SE 5th Street Cape Coral FL 33990				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)					
The name and the Florida street address of the re	egistered agent are:		7 35	20	
Rex Stamper			EGR LA	2012 MAR 26	-
Name			ETA HAS	AR	2 1
2112 SE 5th Stree	et	•	SEY.	26	-
Florida street add	ress (P.O. Box NOT acceptable)	,		 K	
Cape Coral	_{FL} 33990		STAT	AM 8: 3	
City, Sta	te, and Zip	!	D N	<u>~</u>	

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:

MGR	Rex Stamper		
	2112 SE 5th Street		
	Cape Coral FL 33990		
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ARTIC (If an e to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a inember 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.)

Rex Stamper

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)