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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		Juice & Wellness LLC , imited Liability Company
The end	closed Articles of Organization and fee(s)	are submitted for filing.
Please r	return all correspondence concerning this	matter to the following:
	Stephen	Tyler Jakobot Name of Person
-	Jak	shot Juice & wellness UL Firm/Company
-	1015	SW 8th St Address
_		tation, FL 33317
_	jal	City/State and Zip Code KObot@hotmail.com sed for future annual report notification)
For furt	E-mail address: (to be u	
	Stephen Tyler Jakobot Name of Person	at (310) 499 - 8202 Area Code & Daytime Telephone Number
Enclose	sed is a check for the following amount	t:
\$125.00	Filing Fee \$\frac{\textbf{X}}{\textbf{\$}}\$130.00 Filing Fee & Certificate of Status	
	Mailing Address Registration Section Division of Corporatio 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 Company is:				
Jakobot Juice	& Wellness LLC			
(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	Liability Co	ompany	y is:
Principal Office Address:	Mailing Address:			
7101 SW 8th St Plantation, FL 33317	7101 SW BINSI Plantation, FL 3	F155.		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:			
Stephen Tyler Name	Jakobot			
7101 SW 8th 9	St ress (P.O. Box <u>NOT</u> acceptable)			
	FL 333174 te, and Zip			
City, Star Having been named as registered agent and to a		he above sta	ted lim	ited
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 register.	. I further agree to comply w formance of my duties, and I	ith the provi am familiar	sions o with a	f all nd
	₹			
Registered Agent's Signatu (CONTINU		SECRETARY TALLAHASSE	12 APR 27	
Page 1 of 2		E.7.9	T.	

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORM — Managing Member	
MGR	Stephen Tyler Jakobot
	<u>+101 SW 8th 8t</u>
	Pontation, FL 33317
	ALIA CONTRACTOR OF THE PARTY OF
	Carlot and
(Use attachment if necessary)	
days after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: 5/1/2012 . (OPTION ast be specific and cannot be more than five business date of a member or an authorized representative of a member.
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a m	ember or an authorized representative of a member.
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation)	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation I am aware that any false)	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)