

L12000098592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

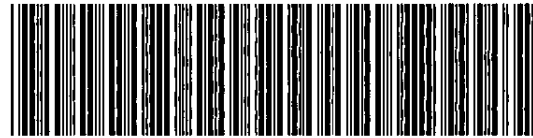
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600234979226

05/15/12--01004--032 \*\*160.00

FILED

2012 JUL 30 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL 31 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2012

BERNINA R. SANDERS  
991 S. STATE ROAD 7  
PLANTATION, FL 33317

SUBJECT: JUS TASTE-FUL  
Ref. Number: W12000027180

We have received your document for JUS TASTE-FUL and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." 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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 412A00014476

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUN 30 PM 3:13

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jus Taste-ful

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:

Bernina R. Sanders

Name of Person

Jus Taste-ful

Firm/Company

991 S. State Road 7

Address

Plantation, Florida 33317

City/State and Zip Code

sandersbernina@yahoo.com

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

For further information concerning this matter, please call:

Bernina R. Sanders

at ( 754 ) 235-3814

Name of Person

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

2012 JUL 30 PM 3:13  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Jus Taste-ful, L.L.C.,

(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:

Bernina R. Sanders

Shawntel D. Williams

### Mailing Address:

862 SE 2nd Place Apt. 3 Deerfield Beach, FL 33441

2324 NW 14th Street Ft. Lauderdale, FL 33311

## 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:

Bernina R. Sanders

Name


862 SE 2nd Place Apt 3

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

Deerfield Beach FL 33441

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)

FILED  
2012 JUL 30 PM 3:13  
CLERK OF STATE  
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

Bernina R. Sanders

862 SE 2 Place Apt 3

Deerfield Beach, Florida 33441

MGRM

Shawntel D Williams

2324 NW 14 Street

Fort Lauderdale, Florida 33311

\_\_\_\_\_

\_\_\_\_\_

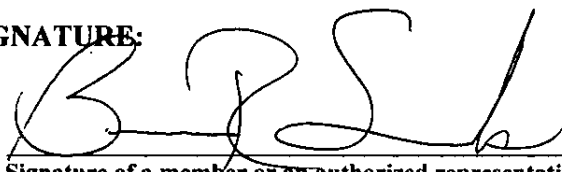
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Bernina R. Sanders

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)**

2012 JUL 30 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED