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## **COVER LETTER**

TO: **Registration Section Division of Corporations** It Just Werks, 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: Nathan Jass Name of Person It Just Werks, LLC Firm/Company 1580 Dorset Drive Address Mount Dora, FL 32757 City/State and Zip Code nathan@itiustwerks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nathan Jass Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$155.00 Filing Fec & □ \$160.00 Filing Fee, □\$125.00 Filing Fcc ■\$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
It Just Werks, 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 Cor	npany	y is:
•	·		
Principal Office Address:	Mailing Address:		
1580 Dorset Drive	1580 Dorset Drive		
Mount Dora, FL 32757	Mount Dora, FL 32757		
	3143	ದ	
		$\equiv$	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe	· 0 930		(ESTABLES
business entity with an active Florida registration.)	in -c	Q1	-
The name and the Florida street address of the re	egistered agent are:	MIN 59	111
The name and the Fiorida street address of the re	Spisiolog agent are.	75.	
Nathan Jass		S.	
Name	¥		
1580 Dorset Drive			
Florida street add	ress (P.O. Box NOT acceptable)		
Mount Dora	FL 32757		
City, Sta	tc, 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

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

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

MGRM	Nathan Jass	_
	1580 Dorset Drive Mount Dora, FL 32757	-
		-
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		_
(Use attachment if necessary)		
LEV: Effective date if other th	an the date of filing: n/a (OPTIO	ONAI
	must be specific and cannot be more than five bu	
or 90 days after the date of fili	ng.)	

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.)

Nathan Jass

Typed or printed name of signce

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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