#13000/0422/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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07/15/13--01051--005 **125.00

13 JUL 15 PH 3: 09
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

K.SALY EXAMINER JUL 23 2013 (850) 245-6051.

COVER LETTER

то:	Registration S Division of Co			
SUBJ	ECT: JUV	A, LLC		
2020		Name of Limit	ed Liability Company	
The e	nclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	ter to the following:	
	SONIA	BOTERO		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
	JP GLC	BAL BUSINE	ESS SOLUTION	IS, INC
			Firm/Company	
	7325 N	W 36TH ST		
	MIAMI	FL 33166	Address	
	MASTER	@JPGBUSINES		
For fu	rther information	concerning this matter, please	for future annual report notification)	
SC	NIA BC	TERO	at (305) 43600	
	Name	of Person	Area Code & Daytime Telep	hone Number
Enclo	osed is a check for	or the following amount:		
■\$ 125	5.00 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	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

13 JUL 15 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 10, 2013

Florida Department of State

Attention: New Fillings Section-

To whom it may concern:

Very sincerely

Ferando Imenez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	ny is:	EFFECTIVE DATE 7-10-2013
JUVA, LLC		
(Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
13244 NW 9TH CT	1533 GARDEN ROAD	
PEMBROKE PINES FL 38028	WESTON FL 33326	
7325 NW 36TH	the registered agent are:	13 JUL 15 PH 3: 10 SECRLIANT OF STATE TALLAHASSEE, FLORID
	FL 33166	700 2
	ity, State, and Zip	設定する
	ed in this certificate, I hereby accept capacity. I further agree to comply v mplyte performance of my duties, ar	the appointment as with the provisions of an familiar with

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	FERNANDO J JIMENEZ 13244 NW 9TH CT
	PEMBROKE PINES FL 33028
MGRM	GABRIELA V PERAZA
	13244 NW 9TH CT
	PEMBROKE PINES FL 33028
Use attachment if necessary)	
	than the date of filing: 07/10/2013
fective date is listed, the da or 90 days after the date of f	te must be specific and cannot be more than five busin

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.)

FERNANDO J JIMENEZ

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)