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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Juicing with Jill 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:
Vill Smith Name of Person
Name of Person
Juicing with Jill Firm/Company
231 Tennessee Ave.
Lakeland, FL 33801
Lakeland, FL 33801 City/State and Zip Code juicing with ill@gmail.com Email address: Ito be used for future annual report notification)
For further information concerning this matter, please call:
Jill Smith at (863) 808-3137 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sqrt{130.00 Filing Fee & Certificate of Status}\$\sqrt{2\$130.00 Filing Fee & Certificate of Status}\$\sqrt{2\$155.00 Filing Fee & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Emmed Embinty Company is.
Juicing with Jill LLC
(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: Mailing Address:
231 Tennessee Ave 406 NW Phosphate Blud Lakeland, FL 33801 Mulberry, FL 33860
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:
Jill Smith
HOW NW Phosphete Blvd. Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <u>NOT</u> acceptable)
Mulberry FL 33860 Oty, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limite 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
ORDATE 22

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

(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 type I am aware that any false information submitted in a document to the Department of States.

Typed or printed name of signee