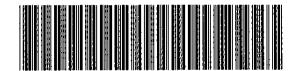
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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K. SALY EXAMINER FEB 1 0 2014

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Just for You Senior Care 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:
Itephanie.C. Wilson
Just Foryou Senior Carelle
1410 charlotte St. Apt C
City/State and Zip Code  Wilsonst_22@yeuhoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Wilson 800 508-4955 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\[ \] \$125.00 \text{ Filing Fee} \]  \$\[ \] \$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \]  \$\[ \] Certified \text{ 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:
Must end with the words "Limited Liability Company, "L.E.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:  Mailing Address:
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:  Stephanie Wilson  Name  Florida street address (P.O. Box NOT acceptable)  Talahassee FL 32304  City 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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	$\sigma(x) = 2000$ .
AMBR	Fephaniewlow
	1410 Charlotto St. Apt (T
- And - And Assert Assert	
V: Effective date, if other than the date trive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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