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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	r. Juf Glo	boil Enterprise LLC
SULJE		nited Liability Company
The enc	losed Articles of Organization and fee(s) an	re submitted for filing.
Please re	eturn all correspondence concerning this ma	atter to the following:
	GIORGIA T8	TOKANI'S.
-	070.011	Name of Person
_		Firm/Company
	5228 Avenida	de Cortez
_		
_	Sarasota, FI	34242
	giorgia. tsiol	ity/State and Zip Code kanis of gmail. com
	E-mail address: (to be used	for future annual report notification)
	her information concerning this matter, plea	
\mathcal{A}	okgra /tokamy	ai (94(_)2810182 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
- 1	11 1 1 0 4 6 11 1	
	ed is a check for the following amount:	
3125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certified Copy Certificate of Status &
	Certificate of Status	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
		2014
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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.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:
5228 Avenida de Cortez. 5228 Avenida de Corte 2 SARASOTA, FI-34242 SARASOTA FI 34242
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:
GIORGIA SIONANIS.
5228 Avenible de Contet
Florida street address (P.O. Box NOT acceptable) CCTCCLSO & FL 34242 City, State, and Zip
Octasoba FL 34242
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)
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM.	GORGÍA TSIONANIS. 5228 AVENIDA DECORTE SARASOTA, FL 34242
MGRM.	JOSHUA D. GERHART 5228 AVENIDA DE CORTO SARASOTA FZ 34242
(Use attachment if necessary)	
LE V: Effective date, if other than the	he date of filing: (OPTIONAL be specific and cannot be more than five business days
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under lam aware that any false inforconstitutes a third degree felor	be specific and cannot be more than five business days ber or an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 108.408(3) or an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 108.408(3) or an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 108.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. 108.408(3), Florida Statutes, the execution of this document of State of the penalties of penalties of penalties of the pena
E V: Effective date, if other than the date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation under the date of the date of silvers.)	ber or an authorized representative of the penalties of perjury that the fact formation submitted in a document to the penalties of perjury that the fact formation submitted in a document to the penalties of perjury that the fact formation submitted in a document to the penalties of perjury that the fact formation submitted in a document to the penalties of perjury that the fact formation as provided for in s.817.155, F.S.) 291 A