## L14000191735

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· . · ·
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£	Office Use Onl	v



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\*\*SEGRETARY OF STATE
\*\*TALLAHASSEE.FLORID;

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## COVER LETTER

C14	:		
TO: Registration Section			
Division of Corporations			:.
<b>1019</b> 0	1	• ••	
SUBJECT: Just About Famous		·	
•	Name of Limited Liability	Company	-
The enclosed Articles of Organization	and fee(s) are submitted fo	r filing.	
Please return all correspondence conce	rning this matter to the fol	lowing:	
Matt Mamula			
	Name of Pe	rson	
•			
Just About Famous, LLO			· <u> </u>
	Firm/Comp	any	
2265 Leland Ln			
	Address	ı	
Casselberry, FL 32707			
• •	City/State and Z	ip Code	
contact@justaboutfamous.com	1 s: (to be used for future and	and manage modifica	tio-)
E-man address	s. (to be used for future and	nuai report notifica	tion)
For further information concerning this	mattar places selli		
For further information concerning ans	matter, please can.		
Matt Mamula	ot ( 221 )	356-8857	
Name of Person			anh ana Niverhau
Name of Person	Area Code	Daytime 1ei	ephone Number
Enclosed is a check for the following a	mount:		
	·······································		
3 \$125.00 Filing Fee	ing Fee & 🔲 \$155.00 l	Filing Fee &	□\$160.00 Filing Fee,
Certificate of	of Status Certified	Copy	Certificate of Status &
		copy is enclosed)	Certified Copy
	`	,	(additional copy is enclosed)
			,
Mailing Address	St	reet/Courier Addr	ess
Registration Section		gistration Section	<del></del>
Division of Corporat		vision of Corporati	ions
	<del></del>		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANI KILISOF ONGANI	EATION FOR FEMALIANTED LIABILITY COME	AUNI
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Just About Famous, LLC (Must end with the w	words "Limited Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
2265 Leland Ln Casselberry, FL 32707	2265 Leland Ln Casselberry, FL 32707	
	,	e an individual or
	Ç C	
Jason Kovacsev	Name	
2979 Santa Mar Florida street add	cos Dr. dress (P.O. Box <u>NOT</u> acceptable)	
Clermont	FL 34711	
(	City Zip	
the place designated in this certificate, capacity. I further agree to comply with	nd to accept service of process for the above stated lin I hereby accept the appointment as registered agent a the provisions of all statutes relating to the proper and d accept the obligations of my position as registered a Chapter 605, F.S	and agree to act in this  d complete performance
- 4		S
Registered	Agent's Signature (REQUIRED)	GCRETARY OF ST LAHASSEE FLO
V	(CONTINUED)	SSE 7
	Page 1 of 2	AMIO: 52 OF STATE EFFLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	
MGR	Jason Kovacsev
	2979 Santa Marcos Dr.
	Clermont, FL 34711
MGR	Matt Mamula
	2265 Leiand Ln
•	Casselberry, FL 32707
MGR	John Schaub
<u></u>	1984 The Oaks Blvd
	Kissimmee. FL 34746
	<del></del>
(The sweet and Const.)	
EV: Effective date, if other than the da ctive date is listed, the date must be s	te of filing: 12/08/14 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
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(Use attachment if necessary)  E. V: Effective date, if other than the datective date is listed, the date must be soffiling.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:	te of filing: 12/08/14 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
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