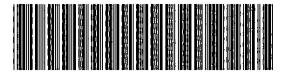
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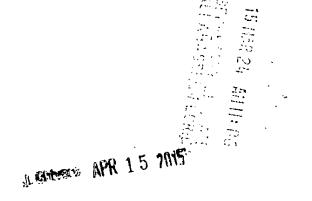
(Requestor's Name)
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,
(6) (6) (7) (7) (8)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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03/23/15--01012--011 **125.00



Please find enclosed the form and money order for JUVLA Group LLC.

Linda Bedford PO Box 4966 Seminole FL 33775 727-278-1056

COVER LETTER

Division of Corporations	
SUBJECT: JUVLA Group LLC	
Name of Lim	nited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Linda J Bedford	
	Name of Person
JUVLA Group LLC	Firm/Company
	ritii/Company
PO Box 4966	Address
0 : 1 5: 00775 1000	
Seminole FL 33775-4966 C	City/State and Zip Code
LindaJo49@gmail.com E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Linda J Bedford at (727) 278-1056
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & 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:	
HIVA A Crown III C	
JUVLA Group LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Deinsinal Office Addresses	Mailing Address
Principal Office Address:	Mailing Address:
11680 Oak Avenue	PO Box 4966
Seminole FL 33772	Seminole FL 33775
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.) The name and the Florida street address of the registered a Linda J Bedford Name	Registered Agent. You must designate an individual or
Name	
11680 Oak Avenue Florida street address (P.O. Box	NOT acceptable)
Seminole	FL 33772
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblicable. Chapte	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the foot, F.S
(CONTINUE	CD)

Page 1 of 2

Γitle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Linda J Bedford
.	PO Box 4966
	Seminole FL 33775
AMBR	Marian O Array Iv
AIVIDI	Verlon O Agan, Jr. PO Box 32
	Union Point GA 30669
	
ctive date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the certive date is listed, the date must be filling.) EVI: Other provisions, if any.	late of filing: (OPTIONAL)
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E V: Effective date, if other than the cetive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the octive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	late of filing:
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