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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JUST A FAIR Offer Today LC 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: Name of Person
Name of Ferson
Firm/Company
5639 NW 101 Drive
CORAL Springs FZ 33076
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Victor Vi
Enclosed is a check for the following amount:
\$125.00 Filing Fee & \$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status &

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is enclosed)

Street 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.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:
5639 NW 101 DR Same
CORAL SPRINGS, PL
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:
Florida street address (P.O. Box NOT acceptable)
Coral Spring S. F. Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete pefformance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

The name and address of each person	authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Richard N. Colkins JR. 5639 NW 101 DRIVE CORAL SPRINGS FL 33076
, 	
an effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)