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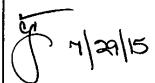
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COVER LETTER

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SUBJECT	JJ Juice	LLC					
SOBJECT	•	Name of	Limited Liabili	ty Company		_	
The enclos	sed Articles of	Organization and fee(s)	are submitted	for filing.			
Please retu	ırn all correspo	ondence concerning this	matter to the fe	ollowing:			
	John Jacobs						
			Name of	Person			
	JJ Juice						
			Firm/Co	mpany			
	2837 Northy	vood Blvd					
			Addro	ss			
	Winter Park	32789					
	jjjuiceco@gm	nail.com	City/State and	Zip Code			
-	I	E-mail address: (to be us	sed for future an	nual report notification	on)		
For further in	nformation co	ncerning this matter, ple	ease call:				
	John Jacobs	at (865	773-8298			
	Nam	e of Person	Area Code	Daytime Telephone	Number	-	
Enclosed is	a check for tl	ne following amount:					
\$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certifie) Filing Fee & d Copy l copy is enclosed)	Certified (e of Status &	ed)
	Registr Divisio P.O. Bo	g Address ation Section on of Corporations ox 6327 assee, FL 32314	F I (2	Street Address Registration Section Division of Corporatio Clifton Building 1661 Executive Center Callahassee, FL 32301	r Circle	15 JUL 24	FILE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2015

JOHN JACOBS 2837 NORTHWOOD BLVD. WINTER PARK, FL 32789

SUBJECT: JJ JUICE LLC Ref. Number: W15000043077

We have received your document for JJ JUICE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 015A00014159

J50 245 - 6973

5 JUL 24 PK 3.5



RECEIVED 15 JUL - 1 AM 10: 50

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA **Division of Corporations**

June 23, 2015

JOHN JACOBS 2837 NORTHWOOD BLVD. WINTER PARK, FL 32789

SUBJECT: JJ JUICE LLC Ref. Number: W15000043077

We have received your document for JJ JUICE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 915A00013181

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:	1 •	FILED
			15 JUL 24 PM 3.51
JJ Juice LLC			· · · · · · · · · · · · · · · · · · ·
	ne words "Limite	d Liability Company	y, "L.L.C.," or "LLC.") TALL STEEL FLORIDA
ARTICLE II - Address: The mailing address and street address	of the principal	office of the Limited	Liability Company is:
Principal Off	ice Address:		Mailing Address:
John Jacobs 2037 Northu Uninter Park	wd Blud FL 327	283	7 Northwood Blvd Winter Park FL 3278
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active	t serve as its ow	n Registered Agent.	You must designate an individual or \(\)\\\.
The name and the Florida street addres	· ·	d agent are:	1.3,20
Jon	n Jacobs	Name	
_283	7 Northwood Bl	vd	U
Flo	rida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Win	ter Park	FL	32789
	City	State	Zip
place designated in this certificate, I here.	by accept the app as of all statutes i ns of my position	pointment as register relating to the proper as registered agent of COBS	
	Regis	tered Agent's Signat	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	John Jacobs
AWIBK	2837 Northwood Blvd
	Winter Park, FL 32789
(Use attachment if necessary)	
•	date of filing: (OPTIONAL)
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