

L15000153464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

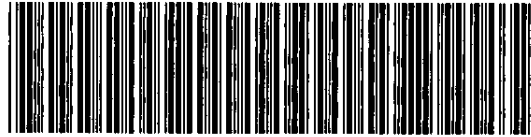
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP -3 PM 4: 16

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AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TJUICE LLC

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:

SANDRA RAWLS

Name of Person
GIARMARCO, MULLINS & HORTON, P.C.

Firm/Company
101 W. BIG BEAVER ROAD, SUITE 1000

Address
TROY, MI 48084

City/State and Zip Code
thobbs@whitlockholding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA RAWLS 248 457-7215

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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AND
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TJUICE LLC

(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:

2424 NORTH FEDERAL HIGHWAY, STE 101
BOCA RATON, FL 33431

SAME AS PRINCIPAL OFFICE

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.)

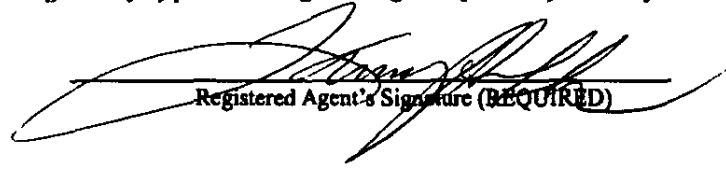
The name and the Florida street address of the registered agent are:

TAMMY HOBBS
Name

2424 NORTH FEDERAL HIGHWAY, SUITE 101
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33431
City State 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

The Company shall indemnify every manager(s), his or her heirs, executors and administrators, against expenses actually and reasonably incurred by him or her, as well as any amount paid upon a judgment, in connection with any action, suit or proceeding, civil or criminal, to which he or she may be made a party to by reason of having been a manager(s) of this Company. This indemnification is being given since the manager(s) will be requested to act by the Company, for and on behalf of the Company's benefit. This indemnification shall not be exclusive of other rights to which the manager(s) may be entitled. The manager(s) shall be entitled to the fullest indemnification allowed by the current law or as may be amended hereafter. A Manager(s) shall be liable to the Company for the following actions: (a) A breach of his or her duty of loyalty to the Company, or its members; (b) an act or omission taken in bad faith and constituting a breach of the Manager's duty to the Company; (c) to be liable hereunder the manager(s) must have acted in a grossly negligent, malicious or intentional manner as those terms are defined at law; (d) a transaction in which the manager benefits to the detriment of the Company or its members; and/or (e) an action which the manager is liable at law for which an indemnification is not allowed.

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

TOBIE WHITLOCK
2424 NORTH FEDERAL HIGHWAY, SUITE 101
BOCA RATON, FL 33431

AMBR

TOBIE WHITLOCK
2424 NORTH FEDERAL HIGHWAY, SUITE 101
BOCA RATON, FL 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
SEE ATTACHED

REQUIRED SIGNATURE:

Tobie Whitlock

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TOBIE WHITLOCK

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)