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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Juno LLC Name of Limite	ed Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Rebecca Hou	ser
	Name of Person
Juno LLC	Firm/Company
48 Uno Lago	Dr. Address
Juno Beach,	FL 33408 /State and Zip Code
	ser @ gmail.com
E-mail address: (to be used fo	future annual report notification)
For further information concerning this matter, please ca	ali:
Rebecca Houser at (33 Name of Person Area	30) 705 - 5613 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 & Sertified Copy additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2015

REBECCA HOUSER 48 UNO LAGO DR. JUNO BEACH, FL 33408

SUBJECT: JUNO LLC

Ref. Number: W15000079745

SENTE JOHN TO NATIONAL DE LA NATIONA

We have received your document for JUNO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 315A00025888

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JUNC INCLUSTRIES, 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:
Rebecca Houser Name of Person
Firm/Company
48 Uno Lago Dr. Address
Decard FL 33408 City/State and Zip Code Decard Nouser annual com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Rebecca Houser at (330) 705-57613 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			
Juno Industries, 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 Addre	ss:		
48 Uno Lago Dr. 48 Uno Lag	_ ~	5340	<mark>አ</mark>
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 indianother business entity with an active Florida registration.)	vidual or	-	
The name and the Florida street address of the registered agent are: $Q_{-1} = 1.$			
Kebecra Houser Name			
48 Uno Lago Dr.			
Florida street address (P.O. Box NOT acceptable)			
<u>Juno Beach FL 33408</u>			
City State Zip			
laving been named as registered agent and to accept service of process for the above stated limited liabili lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in urther agree to comply with the provisions of all statutes relating to the proper and complete performance m familiar with and accept the obligations of my position as registered agent as provided for in Chapter to Registered Agent's Signature (REQUIRED)	this capacity of my duties,	. I	
(CONTINUED)	F	 (J1	
Page I of 2		CEC 31 AH 7:42	The second
	CHAITS	ro ro	

Title:	uthorized Member	Name and Address:
"MGR" = Ma		0
AMB	<u>R</u>	Kebecca Houser
		48 Uno Lago Dr. Juno Beach, FL 33408
		- Varie : Masing To 35 104
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CLE V: Effective		ng: (OPTIONAL)
CLE V: Effective effective date is le of filing.) If the date insert cument's effective	e date, if other than the date of filir isted, the date must be specific a ted in this block does not meet the date on the Department of State	and cannot be more than five business days prior to or 90 days e applicable statutory filing requirements, this date will not be lis
ELE V: Effective date is lee of filing.) If the date insert cument's effective	e date, if other than the date of filir isted, the date must be specific a ted in this block does not meet the date on the Department of State rovisions, if any.	and cannot be more than five business days prior to or 90 days e applicable statutory filing requirements, this date will not be lis
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CLE V: Effective effective date is let of filing.) If the date insert cument's effective CLE VI: Other processing the content of the content	e date, if other than the date of filir isted, the date must be specific atted in this block does not meet the date on the Department of State rovisions, if any. Signature of a member This document is executed in a	e applicable statutory filing requirements, this date will not be liste's records. Advissor or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective effective date is let of filing.) If the date insert cument's effective CLE VI: Other processing the content of the content	e date, if other than the date of filir isted, the date must be specific atted in this block does not meet the date on the Department of State rovisions, if any. Signature of a member This document is executed in a I am aware that any false information.	e applicable statutory filing requirements, this date will not be liste's records. Or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State
CLE V: Effective effective date is I te of filing.) If the date insert cument's effective CLE VI: Other processing the content of the conten	e date, if other than the date of filir isted, the date must be specific atted in this block does not meet the date on the Department of State rovisions, if any. Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felon	e applicable statutory filing requirements, this date will not be liste's records. Advissor or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)