6000/25011

(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

JUL 0 7 2016.

T. SCOTT



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06/29/16--01010--007 **155.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Just Be Marketing, 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:
Davon M. Herring Name of Person
Name of Person
Firm/Company
8335 139º Lane
Address
8335 139 th Lane. Address Seninole, Ft 33776
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daum Herring at 727 4150800 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\frac{1}{2}\$\$ S155.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status \$\frac{1}{2}\$\$ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8335 1392 lone	8335 1392 Lane
5001006 th 33776	Seminole 1233776

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) City State

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Author	ized Member	Name and Address:
MGR" = Managei		Jann M. Herring
MUR		Days M. Herring
		Serunole 12 33776
•		
V: Effective date tive date is listed	, if other than the date of fi , the date must be specific	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90
EV: Effective date trive date is listed filing.) the date inserted intent's effective date.	this block does not meet on the Department of St	c and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
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ARTICLE IV-