

216000201246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

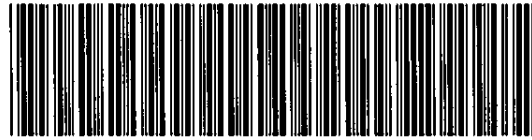
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 PM 5:31

M. MOON

OCT 31 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Just We Two, 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:

Jacqueline Christenson
Name of Person

Firm/Company

27494 41st Rd.
Address

Branford, FL 32008
City/State and Zip Code

jjchris73@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Christenson at (386) 935-1570
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Just We Two, 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:

27494 41st Rd.
Branford, FL 32008

27494 41st Rd.
Branford, FL 32008

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:

Jacqueline Christenson

Name

27494 41st Rd.

Florida street address (P.O. Box **NOT** acceptable)

Branford

City

FL 32008

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..

Jacqueline Christenson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jacqueline Christenson

27494 41st Rd.

Branford, FL 32008

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jacqueline Christenson

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jacqueline Christenson

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)

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Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested Just We Two, LLC	
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name Jacqueline Christenson
4a Mailing address (room, apt., suite no. and street, or P.O. box) 27494 41st Rd.	5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code (if foreign, see instructions) Branford, FL 32008	5b City, state, and ZIP code (if foreign, see instructions)
6 County and state where principal business is located Suwannee County, FL	
7a Name of responsible party Jacqueline Christenson	7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8b If 8a is "Yes," enter the number of LLC members 1	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.	
<input type="checkbox"/> Sole proprietor (SSN) _____	
<input type="checkbox"/> Partnership _____	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	
<input type="checkbox"/> Personal service corporation _____	
<input type="checkbox"/> Church or church-controlled organization _____	
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	
<input checked="" type="checkbox"/> Other (specify) ▶ Disregarded Entity	
<input type="checkbox"/> Estate (SSN of decedent) _____	
<input type="checkbox"/> Plan administrator (TIN) _____	
<input type="checkbox"/> Trust (TIN of grantor) _____	
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
Group Exemption Number (GEN) if any ▶ _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL Foreign country
10 Reason for applying (check only one box)	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ E-commerce	
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	
<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	
<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a trust (specify type) ▶ _____	
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	
<input type="checkbox"/> Compliance with IRS withholding regulations	
<input type="checkbox"/> Other (specify) ▶ _____	
11 Date business started or acquired (month, day, year). See instructions. October 19, 2016	
12 Closing month of accounting year December	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	
Agricultural 0	Household 0
Other 0	
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>	
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) N/A	
16 Check one box that best describes the principal activity of your business.	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input checked="" type="checkbox"/> Other (specify) E-commerce	
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Online products and services	
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," write previous EIN here ▶ _____	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Jacqueline Christenson	Designee's telephone number (include area code) (386) 935-1570
	Address and ZIP code 27494 - 41st Road, Branford, FL 32008	Designee's fax number (include area code) ()
	Applicant's telephone number (include area code) (386) 935-1570	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's fax number (include area code)
Name and title (type or print clearly) ▶ Jacqueline Christenson		(386) 935-1570