

47000/60671

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Just Fruitscapes, 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:

Jamake C. Robinson  
Name of Person

\_\_\_\_\_  
Firm/Company

2025 Chowkeebin Nene  
Address

Tallahassee, FL. 32301  
City/State and Zip Code

Jamake2020@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamake Robinson at (850) 491-6469  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Just FruitScapes, LLC

(Must contain 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:

2025 Chowkeebin Nene  
Tallahassee, FL 32301

Mailing Address:

2025 Chowkeebin Nene  
Tallahassee, FL 32301

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:

Michael Dawino

Name

6719 Chevy Way

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

Tallahassee FL

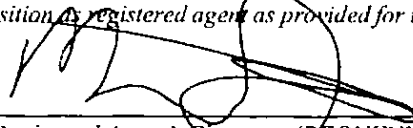
City

State

Zip

32317

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)

17 JUL 2011 11:45

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

AMBR

MGR

Michael Dawino

6719 Cherry Way  
Tallahassee, FL 32317

Jamake Robinson  
2025 Chickadee Ln Nene  
Tallahassee, FL

ARTICLE V: Effective date, if other than the date of filing: 7.27.2017 (OPTIONAL)

**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.

**REQUIRED SIGNATURE:**

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.

Michael Davino

**Filing Fees:**

**\$ 5.00 Certificate of Status (Optional)**