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COVER LETTER

SUBJECT: Tust Fruit scapes, Lice 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 Choukebin Nene Address Tallahassee, FL. 32301 City/State and Zip Code Jamake 2020 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	TO: New Filing Section Division of Corporations
Please return all correspondence concerning this matter to the following: Janake C. Robinson Name of Person Firm/Company 2025 Chowkeebin Nene Address Tallanassee, FL. 32301 City/State and Zip Code Janake 2020@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janake Robinson at (850) 491-6469 Name of Person Area Code Daytime Telephone Number	SUBJECT: JUST Fruit Scapes, LLC Name of Limited Liability Company
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Name of Person Area Code Daytime Telephone Number	For further information concerning this matter, please call:
Enclosed is a check for the following amount:	Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}}	Certificate of Status Certified Copy Certificate of Status &
Mailing Address New Filing Section New Filing Section	

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

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:	
Must contain the words "Limited Liability Cor	npany. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	Limited Liability Company is:
Principal Office Address:	Mailing Address:
2025 Chowkeebin Nene	2025 Chawkeebin Nene Tallahassee, FL. 32301
Tallahassee, FL. 32301	Tallahassee, FL: 32301
The name and the Florida street address of the registered agent are: Michael Dw Name 6719 Chevy Florida street address (P.O. Box) Talla hassee City State	Way NOT acceptable) L 32317
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	s for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S
	= :

"AMBR" = Authorized Member "MGR" = Manager AMBR	Michael Davino
	6719 Cher 5- Lich
	Tallula -400 El 303/7
MCD	The state of the s
<u>MGR</u>	Jamake Robinson
	7075 Chawkeepin Nene
	
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ARTICLE IV-