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COVER LETTER

SUBJECT:	St Glar Name of Lin	n By Just)—	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this matter to the following:				
<u> </u>	istyn M	Name of Person		
Firm/Company				
6218 Hines Mill Civille				
City/State and Zip Code City/State and Zip Code 14. The code of State and Zip Code 15. The code of State and Zip Code 16. The code of				
Just <u>Will</u>	ncerning this matter, please N N TEM 5 _at (E	<u>50,32-3</u>	3311	
Nam Enclosed is a check for the		ea Code Daytime Telephon	e Number	
\$2\$125.00 Filing Fee	Ci\$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

TO:

New Filing Section Division of Corporations

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Just Elan By Justyn 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: (1248 HINS HILL CIV. 2307 Apralacher Tadahasser IMAN 5500 FL32	PKL 301
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: Styn W Chy Name Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) City State 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 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)	P 1

ARTICLE V: 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURES

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

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.

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)
- S 5.00 Certificate of Status (Optional)