

C22000467078

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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***** RESUBMIT *****

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: margewaugh@gmail.com

FLORIDA LIMITED LIABILITY CO.

~~AND STILL I RISE LLC~~

NOT JUST LOVE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022/11/01 PM12:10

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

22 NOV - 1 PM12:35

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October 25, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: AND STILL I RISE LLC
REF: W22000135049

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000357761
Letter Number: 622A00023953

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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:

NOT JUST LOVE 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:146-19 223RD STREET
SPRINGFIELD GARDENS, NY 11413**Mailing Address:**146-19 223RD STREET
SPRINGFIELD GARDENS, NY 11413**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:

MARCIA MORRISON

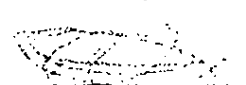
Name

449 SW LAKE STREETFlorida street address (P.O. Box **NOT** acceptable)MAYOFL 32066

City

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..



Registered Agent's Signature (REQUIRED)

MARCIA MORRISON

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MARCIA MORRISON

146-19 223RD STREET

SPRINGFIELD GARDENS, NY 11413

(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:

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.)

MARCIA MORRISON

Typed or printed name of signer

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JESSICA L. LOMBA