## L23000084173

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	<del></del> -
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500402560395

02/23/23--01018--005 \*\*160.00

ALLAHÁSSÉÉ. FLUI

RECEIVED

2025 Pto 20 Pto 4-34

## **COVER LETTER**

New Filing Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: JUSTUS d'SCUS 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:
Frederrick Burton
Name of Person
Justus discus LLC
Firm/Company
4071 L.B. Mcleod Rd Ste. D.
Address
Orlando, FL 32811
Orlando, FL 32811  City/State and Zip Code  Person 1968 e pmail.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roy Person at (850) Z96 - 6520 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytine Person Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: The name of the Limited Liability Company is:
Justus discus 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: Mailing Address:
Principal Office Address:  4071 L.B. Mc/cod2d Stc D 4071 L.B. Mc/cod2d Stc D  Or 12000, FL 32811  Or 12000, FL 32811
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:
Roy Person
Name  4071 J. B. McCleod Rd St. D.  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Orlando, FL 32-811  City State Zip
City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace 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 samiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S  Registoral Agent's Signature (REQUIRED)
(CONTINUED)
(CONTINUED)  2023 1 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

• . . .

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Frederick Burton A
	, ,
(Use attachment if necessary)	1-2/22
•	late of filing: $\frac{2/23/23}{23}$ . (OPTIONAL)
LE V: Effective date, if other than the d	specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the d ffective date is listed, the date must be e of filing.)  If the date inserted in this block does n	especific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the d	especific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does not ment's effective date on the Department.	especific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does not memorial seffective date on the Department of the D	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records.  Agrand Burth
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does nowment's effective date on the Department of the Depar	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State are followed as provided for in s.817.155, F.S.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does nowment's effective date on the Department of the Depar	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does nowment's effective date on the Department of the Depar	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does nowment's effective date on the Department of the Dep	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does nowment's effective date on the Department of the Depar	a member or an authorized representative of a member. Secured in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  Typed or printed name of signec  Filing Fees:  of Organization and Designation of Registered Agent (c)