

123000286559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

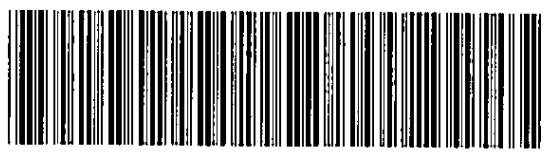
(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*[Handwritten signature]*

2023 JUN 14 AM 6:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PM 1:00

RECEIVED  
2023 JUN 14 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160 : \$130.00

Authorization Signature *[Signature]*

You've Got To Own It, LLC

BUSINESS

DOC#

Certified Copy of Articles

Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Officer/Director
- Limited Liability
- Domestication
- Other
- CORP
- LLLP

**AMENDMENTS**

- Amendment
- Resignation of R.A. or member
- Dissolution
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion
- Amended and restated Articles
- Statement of Correction

**OTHER FILINGS**

- Trademark
- Annual Report
- Fictitious Name
- APOSTILLE

Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement

Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: YOU'VE GOT TO OWN IT, 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:

PAMELA SPENCER  
Name of Person

YOU'VE GOT TO OWN IT, LLC  
Firm/Company

4811 NW 9TH AVENUE  
Address

POMPANO BEACH, FL 33064  
City/State and Zip Code

PAMSPENCER3313@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA SPENCER at (754) 235-4760  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE  
FILE  
23 JUN 14 AM 6:59

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOU'VE GOT TO OWN IT, 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:

4811 NW 9TH AVENUE  
POMPANO BEACH, FL 33064

4811 NW 9TH AVENUE  
POMPANO BEACH, FL 33064

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:

PAMELA SPENCER

Name

4811 NW 9TH AVENUE

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

POMPANO BEACH FL 33064

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

*Pamela Spencer*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

PAMELA SPENCER  
4811 NW 9TH AVENUE  
POMPANO BEACH, FL 33064

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JUNE 14, 2023 (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.)

**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.

**ARTICLE VI:** Other provisions, if any.

FOR ANY AND ALL LAWFUL BUSINESS PURPOSES

**REQUIRED SIGNATURE:**

*Pamela Spencer*

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.

PAMELA SPENCER

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)

\$ 5.00 Certificate of Status (Optional)

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FILED  
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