



**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Unpredictable Lifestyle 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:

Charlotte Spencer

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10335 Boggy Moss Drive

\_\_\_\_\_  
Address

Riversiew, Florida, 33578

\_\_\_\_\_  
City/State and Zip Code

Charlotte.sb.Spencer@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Spencer                      254                      338-9163  
\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

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23 MAR 21 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unpredictable Lifestyle 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:

10335 Boggy Moss Drive  
Riverview, Florida, 33578

10335 Boggy Moss Drive  
Riverview, Florida, 33578

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:

Charlotte Spencer  
Name  
10335 Boggy Moss Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Riverview Florida 33578  
City State Zip

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TALLAHASSEE, FLORIDA  
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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, and 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.

Charlotte Spencer  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Jamarco D. Bouchard  
10335 Bogy Moss Drive  
Riverview, Florida. 33578

AMBR

Anthony D. Bouchard  
10335 Bogy Moss Drive  
Riverview, Florida 33578

MGR

Nacarcia Polk  
11019 Little Blue Heron Drive  
Riverview, Florida 33579

AMBR

Malca K. Venable  
11019 Little Blue Heron Drive  
Riverview, Florida 33579

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A. (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.

N/A

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

*Charlotte 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.

Charlotte 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)