

LO80000087285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

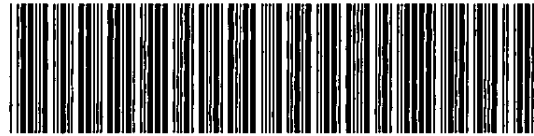
(Business Entity Name)

(Document Number)

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

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Office Use Only



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09/12/08--01023--005 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 SEP 12 PM 8:20

FILED

9/15/08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anytime PSL  
~~Waist Management~~ 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:

Linda Venazio  
(Name of Person)  
Anytime PSL  
~~Waist Management~~ LLC  
(Firm/Company)  
240 SW Port St Lucie Blvd  
(Address)  
Port St Lucie FL 34984  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Venazio at (904) 377 3169  
(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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ATTN: I currently have an established LLC of BellaDori Espresso with EIN of 59-375-49-61. I would like to keep same # for Anytime PSL LLC.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Anytime PSL 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:**

<sup>SW</sup>  
240 Port St Lucie Blvd  
Port St Lucie FL 34984

**Mailing Address:**

240 SW Port St Lucie Blvd  
Port St Lucie FL 34984

**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:


Name

Linda Venazic

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

9949 SW Eastbrook Circle Port St Lucie FL 34984  
City, State, and 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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Linda Venazio  
9949 SW East Brook Circle  
Port St Lucie FL 34987

MGRM

Fred Venazio  
9949 SW Eastbrook Circle  
Port St Lucie ~~Bluch~~ FL 34984

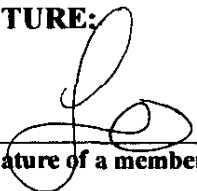
MGR

Nick Venazio  
9949 SW East Brook Circle  
Port St Lucie FL 34984

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Sept 8, 2008 (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.)

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signer

Linda Venazio

**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)

FILED  
SEP 12 PM 8:20  
CLERK OF COURT  
PORT ST LUCIE, FL 34984