

LO50000 18126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900046438229

02/18/05--01065--003 **125.00

FILED
05 FEB 18 AM 10:05
TALLAHASSEE, FLORIDA

02-18-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURVES OF WINTER SPRINGS 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:

THERESA FRANZO

(Name of Person)

CURVES OF WINTER SPRINGS LLC

(Firm/Company)

700 MELROSE AVE, APT D-4

(Address)

WINTER PARK, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA FRANZO

(Name of Person)

at (386) 671-7416

(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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TALLAHASSEE, FLORIDA

05 FEB 18 11:10:05

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CURVES OF WINTER SPRINGS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

700 MELROSE AVE, APT D-4
WINTER PARK, FL 32789

Mailing Address:

700 MELROSE AVE, APT D-4
WINTER PARK, FL 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

THERESA FRANZO

Name

700 MELROSE AVE, APT D-4

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

WINTER PARK, FL 32789 FL

City, State, and Zip

FILED
05 FEB 18 AM 10:05
TALLAHASSEE, FLORIDA

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..

X Theresa Franzo

Registered Agent's Signature

(CONTINUED)

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:

MGMR _____

THERESA FRANZO

700 MELROSE AVE, APT D-4

WINTER PARK, FL 32789

MGMR _____

EVELYN FRANZO

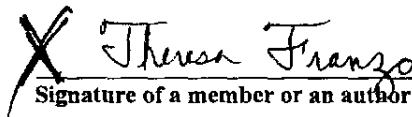
700 MELROSE AVE, APT D-4

WINTER PARK, FL 32789

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

THERESA FRANZO

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)

FILED
05 FEB 18 AM 10:05
TALLAHASSEE, FLORIDA