

L06000018393

(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



000065654770

02/13/06--01081--008 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 13 PM 1:25

FILED

2022/20/04

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORE CONCEPTS PILATES STUDIO  
(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:

CARLANNE SICA  
(Name of Person)

CORE CONCEPTS PILATES STUDIO  
(Firm/Company)

1200 W. Indian town Road  
2600 W. W. RIVERA DRIVE  
(Address)

JUPITER, FL 33458  
(City/State and Zip Code)

FILED  
06 FEB 13 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GLORIA MALDEN HARLAN ET AL at (561) 799-7090  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORE CONCEPTS PILATES STUDIO, LLC

ARTICLE II - Address:

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

Principal Office Address:

1700 W. INDIANTOWN RD  
JUPITER FL 33458

Mailing Address:

717 Westwind Dr.  
~~6000 W. INDIANTOWN RD.~~  
~~1700 W. INDIANTOWN RD.~~  
N. Palm, FL 33408

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

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

CARIANNE SICA  
Name  
1200 W. INDIANTOWN ROAD  
~~6000 W. INDIANTOWN RD.~~  
Florida street address (P.O. Box NOT acceptable)  
JUPITER FL 33458  
City, State, and Zip

FILED  
08 FEB 13 PM 1:25  
RECEIVED  
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..

Carianne Sica  
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:**

MGR President

CARIANNE SICA  
1200 W. → 4611 W. UNIVERSITY DR.  
INDIANBURG, FL 33458

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Carianne Sica

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.)

Carianne Sica

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**  
06 FEB 13 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA