

L09000081657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

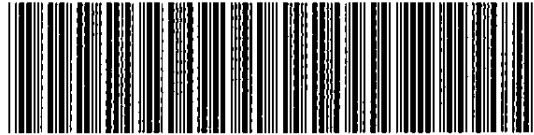
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 26 2009

EXAMINER

LIVE FULL TIME, LLC
2520 Trentwood Blvd.
Orlando, FL 32812

July 19, 2009

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

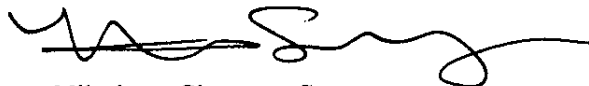
Gentlemen:

I am enclosing herewith one original and one copy of the Articles of Organization for Florida Limited Liability Company. Also enclosed is a check in the amount of \$130.00. Along with a recorded copy of the articles, please forward a Certificate of Status to us at the above address.

Thank you for your attention and assistance.

Respectfully,

LIVE FULL TIME, LLC



Nikolette Chasteen Sayer
Member

NCS/caj

Enclosure (as stated)

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

ARTICLE I – Name

The name of the Limited Liability Company is:

LIVE FULL TIME, LLC

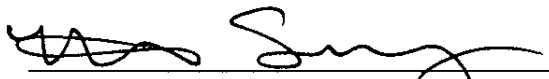
ARTICLE II – Address

The mailing address and the street address of the principal office of the Limited Liability Company is: 2520 Trentwood Blvd., Orlando, FL 32812

ARTICLE III – Registered Agent and Office and Registered Agent's Signature

Nikollette Chasteen Sayer
2520 Trentwood Blvd.
Orlando, FL 32812

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, Florida Statutes.


Registered Agent's Signature

ARTICLE IV – Management

- ☐ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

Date: July 19, 2009


Print Name: Nikollette Chasteen Sayer
Member

Signature of a member or 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.)

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