

L10000047460

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 14 AM 10:39

T. HAMPTON
MAY 17 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosmetic Nutrition and Fitness, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa M. Schmitz

Name of Person

Barnes & Thornburg, LLP

Firm/Company

1 N. Wacker Drive, Suite 4400

Address

Chicago, IL 60606

City/State and Zip Code

lschmitz@btlaw.com

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

For further information concerning this matter, please call:

Lisa M. Schmitz

Name of Person

at (312)

214-5634

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 14 AM 11:39

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000047460
FILED 8:00 AM
May 04, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:
COSMETIC NUTRITION AND FITNESS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1 N. WACKER DRIVE
SUITE 4400
CHICAGO, IL. 60606

The mailing address of the Limited Liability Company is:
1 N. WACKER DRIVE
SUITE 4400
CHICAGO, IL. 60606

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
ALENE M BURKE
4736 LIMESTONE DRIVE
PORT RICHEY, FL. 34668

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.

Registered Agent Signature: ALENE M. BURKE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 14 AM 11:00

Article V

The name and address of managing members/managers are:

Title: MGR
HASHIM MARK
4433 HARBORPOINTE DR
PORT RICHEY, FL. 34668

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Signature of member or an authorized representative of a member

Signature: LISA M. SCHMITZ

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 14 AM 11:39