

L10000116246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

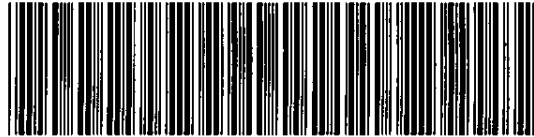
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called 11/8/10
Need release letter

Office Use Only



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L10-116246

03/15/10--01031--023 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

NOV 8 2010

EXAMINER

2010-13377

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bodyworks By Sandra, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Sandra L Moonan L.M.T.
(Contact Person)

Bodyworks By Sandra, LLC
(Firm/Company)

8333 W McNab Rd
(Address)

Tamarac FL 33321
(City, State and Zip Code)

bodyworksbysandra@yahoo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Sandra L Moonan L.M.T. at (954) 934-3209
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2010

SANDRA L MOONAN LMT
8333 W MCNAB RD
TAMARAC, FL 33321

SUBJECT: BODYWORKS BY SANDRA, L.L.C.
Ref. Number: W10000013377

We have received your document for BODYWORKS BY SANDRA, L.L.C. and check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 310A00006619

November 6, 2010

Florida Department of State
Division of Corporations

Dear Representative:

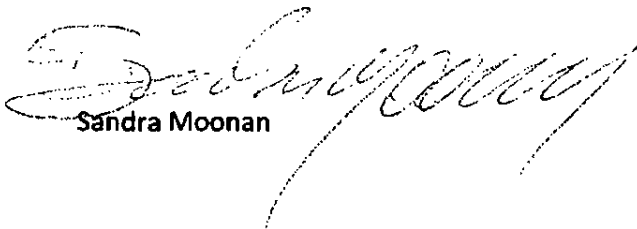
I am writing this letter to authorize you to file Bodyworks by Sandra as a limited liability corporation.

Here is the information that will help you in completing my request:

Bodyworks by Sandra
8333 W McNab Rd Ste 205
Tamarac FL 33321
954-934-3209
Sandra Moonan Owner/agent

Thank you in advance for all your help!

Sincerely,



Sandra Moonan

November 8, 2010

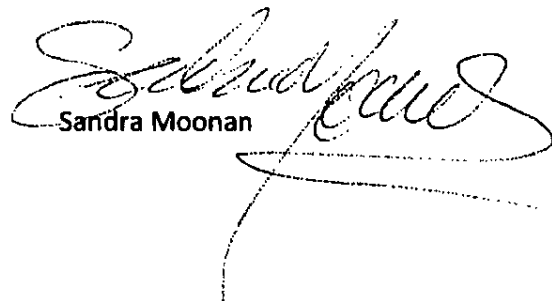
Florida Department of State
Division of Corporations

Dear representative:

I am writing this letter to inform you that I have no intentions of reinstating Bodyworks by Sandra INC and instead would like to file/stablsh Bodyworks by Sandra LLC for tax purposes.

Thank you in advance for all your help.

Sincerely,


Sandra Moonan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bodyworks By Sandra, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

8333 W McNab Rd

Suite 205

Tamarac FL 33321

Mailing Address:

8333 W McNab Rd

Suite 205

Tamarac, FL 33321

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:

Sandra L. Moonan

Name

8333 W McNab Rd Suite 205

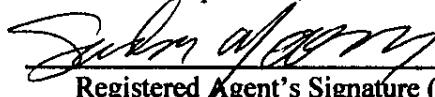
Florida street address (P.O. Box **NOT** acceptable)

Tamarac

FL 33321

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)

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TALLAHASSEE, FLORIDA

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

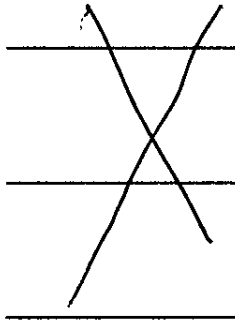
Name and Address:

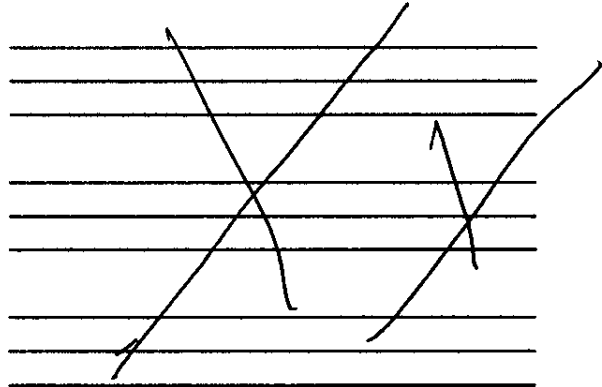
MGR

Sandra Moonan

8333 W McNab Rd Suite 205

Tamarac FL 33321





(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/11/2010

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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.)

Sandra L Moonan L.M.T

Typed or printed name of signer

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)

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STATE OF FLORIDA
TALLAHASSEE

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