

L100000119954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

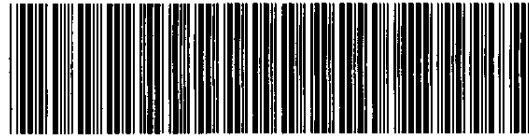
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE 11/14/2010

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 17 PM 1:23

B. KOHR

NOV 19 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REACH BALANCE LLC**  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF CORPORATIONS  
10 NOV 17 PM 1:23

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

Please return all correspondence concerning this matter to the following:

**Monique Serres**

Name of Person

EFFECTIVE DATE 11/14/2010

Firm/Company

**533 34th St**

Address

**West Palm Beach FL, 33407**

City/State and Zip Code

**reachbalance@bellsouth.net**

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

For further information concerning this matter, please call:

**MONIQUE SERRES**

Name of Person

at ( **954** ) **362 9898**

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)

**Mailing Address**

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

**Street/Courier Address**

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

EFFECTIVE DATE 11/14/2010

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**REACH BALANCE LLC**

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

533 34Th St  
West Palm Beach FL 33407

**Mailing Address:**

533 34Th St  
West Palm Beach FL 33407

**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:

Monique Serres

Name

533 34Th St

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

West Palm Beach FL 33407

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)

**ARTICLE IV – Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGR

Monique SERRES  
533 34<sup>th</sup> St  
WEST PALM BEACH FL 33407

MGR

Claude Ange ROTA  
533 34<sup>th</sup> St  
WEST PALM BEACH FL 33407

**ARTICLE V: Purpose**

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

**ARTICLE VI: Additional Members**

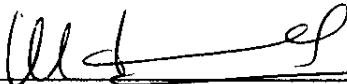
This Limited Liability Company will not have other members without the consent of the existing members.

**ARTICLE VII: Effective date**

The effective date for this Limited Liability Company shall be:

**NOVEMBER 14<sup>th</sup>, 2010.**

**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.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

\_\_\_\_\_  
Monique SERRES

\_\_\_\_\_  
Typed or printed name of signee