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EXAMINER



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10 NOV -8 AM 9:58
SECRETARY OF STATE
FALLAHASSEE, FLORID,

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	JECT: BETTER BODY'S LLC	
	Name of Limited Liabi	ity Company
The end	enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please	e return all correspondence concerning this matter to the	following:
	Sharon McGee Hale	
	Name o	Person
	Hale McGee & Associates LLC	
	Firm/Co	ompany
	883 West Granada Blvd.	
	Add	ress
(Ormond Beach FL 32174	
	City/State at	dd Zip Code
-	halemcgee@bellsouth.net E-mail address: (to be used for future	annual report notification)
For fur	urther information concerning this matter, please call:	
Shar	aron McGee Hale	36 ₎ 672-6742
-	Name of Person	Area Code & Daytime Telephone Number
Enclos	osed is a check for the following amount:	
\$125.00	Certificate of Status Cer	5.00 Filing Fee & \$160.00 Filing Fee, tified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Better Body's Antique & Classic Car Restoration, 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:	<u>Mailing Address:</u>		
706D W Park Ave. Edgewater, FL 32132	706D W Park Ave. Edgewater, FL 32132		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the residual Sharon McGee Hale	stered Agent. You must designate an individual or	r another	and the second
Name	Į,	~4(
883 West Granac	da Blvd 💢	ייי איי	
Florida street add	dress (P.O. Box NOT acceptable)	<u>₹</u> 5	140,84
Ormond Beach	_{FL} 32174	Lui (20)	
City, Sta	ate, 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:

MGR	Matthias W Froehlich
·	507 Sparrow Drive
	Edgewater, FL 32132
	•
	- · · · · · · · · · · · · · · · · · · ·
	
(Use attachment if necessary)	
•	
LE V: Effective date, if other than	the date of filing: 11-01-2010 . (OPTIO
fective date is listed, the date mu	st be specific and cannot be more than five business
days after the date of filing.)	•

ignature 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.)

Matthias W Froehlich

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)