111000019448

(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:

Office Use Only



400193595424

02/14/11--01025--021 **160.00

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 1 5 2011

EXAMINER

COVER LETTER.

TO:

Registration Section

Division of Corporations	
SUBJECT: Purposeful Living C	Collective, LLC.
	nited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Pamela B. Bryant	
· ·	Name of Person
Purposeful Living Coll	ective, LLC.
	Firm/Company
10880 Sea Hibiscus L	.ane
	Address
Tanana El 22204	
Tamarac, FL 33321	City/State and Zip Code
pamela@PurposefulLivingCo	
	d for future annual report notification)
For further information concerning this matter, plea	ise call:
Pamela B. Bryant	054 249 2209
Name of Person	at (954) 218-3208 Area Code & Daytime Telephone Number
1.44.0 0. 1.40.0	1.1.1 Court of 2.3, mail configuration
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int\\$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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:

Purposeful Living Collective, 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:	Mailing Address:
10880 Sea Hibiscus Lane	P.O. Box 17225 Plantation, FL 33318
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:

Pamela B. Bryant

Name

10880 Sea Hibiscus Lane

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

Tamarac

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. Sec.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 35

ARTICLE IV- Manager(s) or Managing Member(s):

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

uanita G. Barnard 3701 SW 12th Street, #A215
3701 SW 12th Street, #A215
embroke Pines, FL 33027
bonni N. Bryant
0880 Sea Hibiscus Lane
amarac, FL 33321
amela B. Bryant
0880 Sea Hibiscus Lane
amarac, FL 33321
everly Buncher
405 Antigua Circle, #B-3
oconut Creek, FL 33066
f filing: (OPTIONAL)
fic and cannot be more than five business days prior
Brucon
*

(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.)

Pamela B. Bryant

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)

Continued: Purposeful Living Collective, LLC.

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

MGRM

Jean P. Cahill

7360 NW 4th Street, #303

Plantation, FL 33317

MGRM

Jeanette Castelli

4429 Hollywood Blvd., #813004

Pompano Beach, FL 33021

MGRM

Heidi O'Connor

1540 SE 12th Court

Deerfield Beach, FL 33441

MGRM

Kenia Richardson

850 W 49 St., Apt# 710

Hialeah, FL 33012

MGRM

Susan Rose

6790 NW 21st Street

Sunrise, FL 33313

SECRETARY OF STATE DIVISION OF CORPORATIONS