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01/31/11--01042--017 **130.00

Effective Date 02 23/11

T. HAMPTON FEB 23 2011 EXAMINER



COVER LETTER

` TO:

TO:	Registration Section Division of Corporations
SUBJE	CT: Spicy Fit., LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
_	Liz Mathewson
	Name of Person
-	SPICY FIT Firm/Company
_	400 Ocean Trail Way # 1406 Address
-	Jupiter, FL 33477 City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (317) 490-6266 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 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



RECEIVED

11 FEB 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 1, 2011

LIZ MATHEWSON 400 OCEAN TRAIL # 1406 JUPITER, FL 33477

SUBJECT: SPICY FIT., LLC Ref. Number: W11000006165

We have received your document for SPICY FIT., LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 1, 2011. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 611A00002706

Effective Date 02/23/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
400 Ocean Trail Way #1406 Jupitee, PL 33477	400 Ocean Trail Way \$14 Jupiter, FL 33471	06
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
LIZ Mathe	wson	
400 Ocean TRAIL W	ress (P.O. Box <u>NOT</u> acceptable)	
	FL 33477 nte, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the appoint o. I further agree to comply with the provi rformance of my duties, and I am familiar	ment as sions of all with and
Registered Agent's Signatu	USOY) ure (REQUIRED)	SECRETARY SECRETARY IVISION OF CO
(CONTINI		OF STAT
Page 1 of 2	;	

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member <u>സപ്പു</u>	Liz Mathewson 400 Crean Trail Way # 1406 Topiace, FL 33477	
(Use attachment if necessary)	Feb. 23 2011	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date mu to or 90 days after the date of filing.)	Feb. 23 201 n the date of filing: <u>Jan. 21 201 </u> (OPTIONAL ust be specific and cannot be more than five business days	.) prior
REQUIRED SIGNATURE:		
Signature of a m	Mitheusm ember or an authorized representative of a member.	
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	
	MATHEUSON Typed or printed name of signee	2

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)

SECRETARY OF STATE OIVISION OF CORPORATIONS