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PICK-UP WAIT MAIL
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SECRETARY DESTATES TALEAHASSEE! FLORIDA

C. LEWIS

MAY 2. 4 2011

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Luxuriously Fit, LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Latifa Hawkes	
	Name of Person
Luxuriously Fit, LLC	
	Firm/Company
878 NE Orchid Bay Dr	
	Address
Boca Raton, FL 33487	
	ty/State and Zip Code
Lindameyer82@yahoo.com	for future annual report notification)
For further information concerning this matter, pleas	•
Latifa Hawkes	at (561) 542-0883
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Silfont 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Luxuriously Fit, LLC (Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 878 NE Orchid Bay Dr	Mailing Address: 878 NE Orchid Bay Dr
	

The name and the Florida street address of the registered agent are:

Linda Meyer

Name

2901 NE 5th Ave

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

Boca Raton

ARTICLE 1 - Name:

_{FL} 33431

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..

gent's Signature (REQUIRED)

(CONTINUED)

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: 2011 MAY 23 PM *16

MGR	Latifa Hawkes 878 NE Orchid Bay Dr Boca Raton, FL 33487	
(Use attachment if necessary)		

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.)

Latifa Hawkes

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)