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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2011 DEC 27 RM 1:50
SECRETARY OF STATE
SECRETARY SEE. FLORID

C. LEWIS

DEC 2 8 2011

EXAMINER

COVER LETTER

10. န	Division of	Corporations			
SUBJE	CT: DES	STINED TO BE GR	REAT L.L.C).	
			ed Liability Comp		
The en	closed Article	es of Organization and fee(s) are	submitted for filir	ng.	
Please	return all corr	espondence concerning this mat	ter to the followin	g:	
	Le'Chin	a Spivey			
			Name of Person		
	G&LF	Renaissance "A Be	tter Quality	of Life'	
			Firm/Company		
	1940 S	outh Conway Road	Apt: 10	<u>.</u>	
			Address		
(Orlando.	Florida 32812			
	<u> </u>		y/State and Zip Cod	e	
	lechina@				
•		E-mail address: (to be used to	for future annual rep	ort notification)
For fur	ther informati	on concerning this matter, please	e call:		
Le'Cl	nina Spive	ә у	at (786	258-455	3
	Na	me of Person		e & Daytime To	elephone Number
Enclos	ed is a check	for the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop	ру	\$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	Registrat Division Clifton I 2661 Ex	ourier Addre- tion Section of Corporation Building ecutive Cente see, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liability Company is:	
DESTINED TO BE GREAT L.L.C.	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:	
he mailing address and street address of the principal office of the Limited Liability Company	is:

Principal Office Address:	Mailing Address:
1940 SOUTH CONWAY RD APT 10	1940 SOUTH CONWAY RD APT 10
ORLANDO, FL 32812	ORLANDO, FL 32812

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:

GINA GREEN

Name

4287 N.W. 167 STREET

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

MIAMI $_{FL}$ 33055

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)

FILED

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

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

2011 DEC 27 配 1:51

MGR	Le'China spivey
	1940 SOUTH CONWAY RD APT 10
	ORLANDO, FL 32812
MGR	Gina Green
	20234 N.W. 32ND COURT
	MIAMI, FL 33056
MGR	Kevin Green
	20234 N.W. 32ND COURT
	MIAMI, FL 33056
(Use attachment if necessary)	
FENT December data to administration at	e date of filing: (OPTION

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.)

Le'China Spivey

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)