

L12000030290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

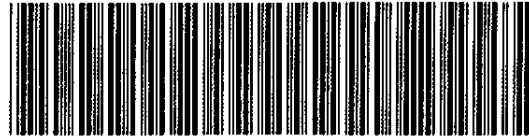
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2012 MAR -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR -2 2012

EXAMINER

STARZ | MOYER

ATTORNEYS AT LAW

www.starzmoyer.com

Direct Dial: (412) 580-5845
Email josh@starzmoyer.com

February 24, 2012

VIA U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

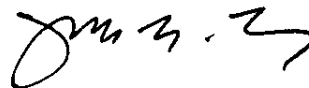
Re: Bo The Trainer, LLC

To Whom It May Concern:

Please find enclosed herein for filing the Articles of Organization for Bo The Trainer, LLC. Also enclosed is a check in the amount of \$125.00 as payment for the requisite filing fee.

Should you have any questions, please feel free to contact me directly.

Very truly yours,



Joshua M. Moyer

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bo The Trainer, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Idi Smith

Name of Person

Firm/Company

4911 NW 11th Ave

Address

Miami, FL 33127

City/State and Zip Code

Milkpt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Idi Smith

Name of Person

at (**305**) **979-7042**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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

No. 3680 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bo The Trainer, 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:

4911 NW 11th Ave

Miami, FL 33127

Mailing Address:

4911 NW 11th Ave

Miami, FL 33127

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:

Idi Smith

Name

4911 NW 11th Ave

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

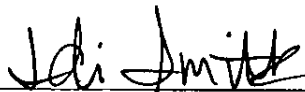
Miami

FL 33127

City, State, and Zip

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TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

IDI SMITH

845 N.W. 110th St

MIAMI, FLA 33168

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

IDI SMITH

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)