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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
MATARASSEF FLORIDA

C. LEWIS

JUL 2 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Get Fit Fast Supplements 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:
Adam Harper Name of Person
Get Fit Fast Supplements Firm/Company
1434 W Bexky Park Dr Detray Beach, Ft 3344.
Delray Beach FL 33445 City/State and Zip Code getfitfast supplements @ hotmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Harper at (423) 231-3013 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status Certificate of Status \$155.00 Filing Fee & Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
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:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "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 Compan	ıy is
Principal Office Address: Mailing Address:	
1434 W Berky Park Dr 1434 W Berkey Park Dr Delray Beach FL 33445 Delray Beach FL 33445	-
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 organothes business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	<u> </u>
Adam Harper Name SSER 9	П
Name	0
The name and the Florida street address of the registered agent are: Adam Harper Name 1434 W Beyley Park De Florida street address (P.O. Box NOT acceptable)	
Delray Beach FL 33445 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated lin liability company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position astropistered agent in provided for in Chapter 608. E.S.	ns of al and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each I	Managing Member(s): Manager or Managing Member is as follows:	FILEC
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	.42 JUL 19 AM SECRETARY OF TALLAHASSEE, F
MGR	Adam Harper 1434 W Berley Park Dr	
MGRM	Brianna Harper	145 ark Dr 33445
LE V: Effective date, if other the	an the date of filing: nust be specific and cannot be more than five b	(OPTIONAL) pusiness days prio
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five b	pusiness days prio
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a second content of a second	nember of an authorized representative of a member	oùsiness days prion
rective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nust be specific and cannot be more than five b	cument in are true.

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)