# L12000119047

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR

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**EXAMINER** 



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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Division of	n Section Corporations			
<sub>SUBJECT:</sub> Fant	asy Fitness Wear			
	Name of Limit	ed Liability Company		
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3.0
Deboral	h Judy		to S	SECRETAL DE PH 3: 06
		Name of Person	8	
Fantasy	Fitness Wear			小餐
<u>r amaoy</u>	T MITOGO VVOGI	Firm/Company		声
1020 =	Terra Mar Dr			J. 06
1920 L	Terra Mai Di	Address		_
Pompano	Beach, FL 33062		·····	
		y/State and Zip Code		
DJudy564	12@aol.com  E-mail address: (to be used)	for future annual report notification)		
For further informatic	on concerning this matter, please	•		
For further informatic	on concerning this matter, prease	e can.		
Deborah Judy		at ( 215 ) 2053247		
Nan	ne of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAND

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Fantasy Fitness Wear, 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:	Mailing Address:
1920 E Terra Mar Dr	1920 E Terra Mar Dr
Pompano Beach	Pompano Beach
Florida 33062	Florida 33062

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:

Donald Judy	
Nar	me
1920 E Terra M	ar Dr
Florida street	address (P.O. Box NOT acceptable)
Pompano Beach	<sub>FL</sub> 33062
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)

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	William Hale-Harbert 16912 Chaparral Ave
	Cerritos, CA 90703
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
effective date is listed, the date mu	ust be specific and cannot be more than five business days p
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effective date is listed, the date mu 00 days after the date of filing.)  REQUIRED SIGNATURE:	ember or an authorized representative of a member.
effective date is listed, the date muse of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section)	ember or an authorized representative of a member.
effective date is listed, the date multiple of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false)	ember or an authorized representative of a member.  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
effective date is listed, the date multiple days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false)	ember or an authorized representative of a member.  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.)

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)