

L13000104239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

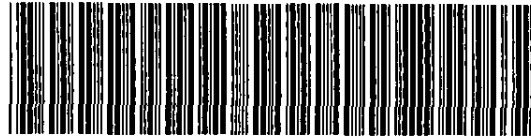
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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JUL 23 2013

I CLINE

COVER LETTER:

NAME: LEYLA SAGHIR / PAULA LOPEZ

ADDRESS: 1901 BRICKELL AV MIAMI, FL 33129 #2309B

TELEPHONE: 786-554-8394 OR 305-205-9656

COMPANY NAME: FIT AND FABULOUS LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIT & FABULOUS 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:

PAULA LOPEZ / LEYLA SAGHIR

Name of Person

FIT AND FABULOUS LLC

Firm/Company

1901 BRICKELL AV #2309B

Address

MIAMI FL, 33129

City/State and Zip Code

FITANDFABULOUS8072@GMAIL.COM

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

For further information concerning this matter, please call:

LEYLA SAGHIR

Name of Person

at (**786**) **554-8394**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2013

PAULA LOPEZ / LEYLA SAGHIR
1901 BRICKELL AVE #2309B
MIAMI, FL 33129

SUBJECT: FIT & FABULOUS LLC
Ref. Number: W13000038501

We have received your document for FIT & FABULOUS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can be listed as registered agent. Please correct document.,

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00016642

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2013

PAULA LOPEZ / LEYLA SAGHIR
1901 BRICKELL AVE #2309B
MIAMI, FL 33129

SUBJECT: FIT & FABULOUS LLC
Ref. Number: W13000038501

We have received your document for FIT & FABULOUS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Only one person can be listed as registered agent. Please correct document.,

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00016642

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIT & FABULOUS LLC

(Must end with the words "Limited Liability Company, "LLC," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1901 BRICKELL AV #2309b

MIAMI FL 33129

Mailing Address:

1901 BRICKELL AV #2309b

MIAMI FL 33129

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:

LEYLA SAGHIR

Name

1901 BRICKELL AV #2309

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

MIAMI FL. 33129

FL

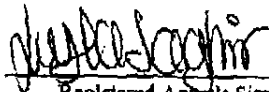
City, State, and Zip

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ALLAHASSEE, FLORIDA

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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

Name and Address:

PAULA LOPEZ

MGRM

9269 SW 146CT MIAMI FL 33186

MGRM

LEYLA SAGHIR

MGRM

1901 BRICKELL AV MIAMI FL 33129

MGRM

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 1 2013 (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.)

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TALLAHASSEE, FLORIDA

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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.)

LEYLA SAGHIR

Typed or printed name of signer

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)

