# 4300109282

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE
AND ADMASSES OF CORRES

(850) 245-6051.

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

CID IECT.

Miami Fit Meals, 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:

## Patrick R. Tougas

Name of Person

Firm/Company

## 2871 N. Oakland Forest Dr. Apartment #213

Address

Ft. Lauderdale, FL. 33309

City/State and Zip Code

prtougas@gmail.com

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

For further information concerning this matter, please call:

Patrick R. Tougas

\_650

315-1342

Name of Person

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Miami Fit Meals, LLC		
(Must end with the words "Lir	nited 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 i	
Principal Office Address:	Mailing Address:	
2871 N. Oakland Forest Dr. Apartment #213	2871 N. Oakland Forest Dr. Apartment #213	
•		
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.)		
The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address  Patrick R. Tougas	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address  Patrick R. Tougas  2871 N. Oakland Forest	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:  Name Dr. Apartment #213  Street address (P.O. Box NOT acceptable)	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address  Patrick R. Tougas  2871 N. Oakland Forest	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:  Name Dr. Apartment #213  Street address (P.O. Box NOT acceptable)	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address  Patrick R. Tougas  2871 N. Oakland Forest Florida	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:  Name  Dr. Apartment #213 a street address (P.O. Box NOT acceptable) 33309	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Patrick R. Tougas
	2871 N. Oakland Forest Dr. Apartment #213 Ft. Lauderdale,FL. 33309
MGBM	Cheryl Paradis 3871 N. Dakland Forest Dr. #213 Fort Landerdak. Fl. 33309
MGRM	Gregory Sheridan. 533 Normandy L. Delran Beack FL-3444
(Use attachment if necessary)	
CLE V: Effective date, if other that effective date is listed, the date	an the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days
to or 90 days after the date of fili	ng.)
REQUIRED SIGNATURE:	FILE SECRETARY OF ALLAHASSER
Signature of a m	nember or an authorized representative of a member.
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Patrick R. Touga	us .
	Typed or printed name of signee