

L13000122076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

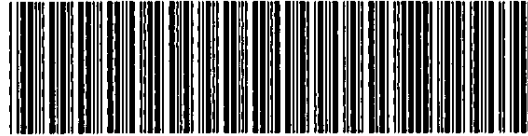
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

08/27/13--01035--011 **160.00

FILED
2013 AUG 27 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 08/24/13

AUG 29 2013

D. BRUCE

(850) 245-6011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FOUNTAIN OF YOUTH ENTERPRISES, 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:

JASON PEPITONE

Name of Person

FOUNTAIN OF YOUTH ENTERPRISES, LLC

Firm/Company

3721 NE 28 AVE

Address

LIGHTHOUSE POINT, FLORIDA 33064

City/State and Zip Code

HARLEY1113@MSN.COM

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

For further information concerning this matter, please call:

JASON PEPITONE

Name of Person

954-650-1760
at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" 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

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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:

FOUNTAIN OF YOUTH ENTERPRISES, LLC.

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

EFFECTIVE DATE

ARTICLE II - Address:

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

Principal Office Address:

5002 N FEDERAL HIGHWAY
LIGHTHOUSE POINT, FLORIDA 33064

Mailing Address:

5002 N FEDERAL HIGHWAY
LIGHTHOUSE POINT, FLORIDA

33064

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:

ELLEN PEPITONE

Name

5002 N FEDERAL HIGHWAY

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

LIGHTHOUSE POINT, FLORIDA 33064

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, 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..

Ellen Pepitone

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 08/26/13

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:

MGRM

JASON PEPITONE

5002 N FEDERAL HIGHWAY

LIGHTHOUSE POINT, FLORIDA 33064

MGRM

JOHN PETER PAINTER

5002 N FEDERAL HIGHWAY

LIGHTHOUSE POINT, FLORIDA 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/26/13 (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.)

JASON PEPITONE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)