

L14000033847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-10750

Office Use Only



000256752990

02/18/14--01010--020 **155.00

FILED
2014 FEB 26 P 5:24
FEB 26 2014

B. BOSTICK

FEB 27 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boot Camp Seminars, OF Florida, 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:

Marya Morrison

Name of Person

Boot Camp Seminars, LLC

Firm/Company

524 Belle Isle Ave

Address

Belleair Beach, FL 33786

City/State and Zip Code

Maryagirl21@yahoo.com

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

For further information concerning this matter, please call:

Marya J. Morrison

Name of Person

at (727)

Area Code

224-9522

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)

155.-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

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Boot Camp Seminars, LLO~~

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

BOOT CAMP SEMINARS OF FLORIDA, LLC
Boot Camp Seminars of Florida, LLC

ARTICLE II - Address:

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

Principal Office Address:

524 Belle Isle Ave
Belleair Beach, FL 33786

Mailing Address:

524 Belle Isle Ave.
Belleair Beach, FL 33786

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:

Clark Morrison

Name

12215 Kings Knight Way APT 104

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

Orlando

City

FL 32817

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Marya Morrison

524 Belleair Beach, FL 33786

MGR

Clark Morrison

12215 Kings Knight Way

Apt 104 Orlando FL 32817

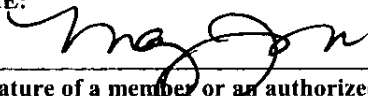
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

MARYA J. MORRISON

Typed or printed name of signee

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)

2014 FEB 26 12 59 24

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

MARYA MORRISON
524 BELLE ISLE AVENUE
BELLEAIR BEACH, FL 33786

SUBJECT: BOOT CAMP SEMINARS, LLC
Ref. Number: W14000010750

*Change to
BOOT CAMP SEMINARS
OF FLORIDA, LLC*

We have received your document for BOOT CAMP SEMINARS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000076061.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 414A00003695

FILED
2014 FEB 25 PM 3:24
TALLAHASSEE
FLORIDA