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(Re	equestor's Name)	
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APR 01 2014

•	CO	VER LETTER	ZEC F
TO: Registratio Division of	n Section Corporations		MAK ZO
SUBJECT: BE Bo	dy		
	Name of Li	mited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	· · · · · ·
Please return all corre	espondence concerning this m	natter to the following:	
<u>Elizabet</u>	h Sittler		•
,		Name of Person	
BE Body	, LLC		
		Firm/Company	
<u>2068 J a</u>	and C Blvd		
	•	Address	
Naples.	FL 34109		
	. (City/State and Zip Code ·	
Info@OrganicE	E-mail address: (to be use	ed for future annual report notification	ation)
For further information	on concerning this matter, ple		,
. 0. 1	, , , , , , , , , , , , , , , , , , , ,		
Elizabeth Sittler		239) 449-8417	
Na	me of Person	Area Code Daytime Te	lephone Number
Enclosed is a check f	or the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fec & 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)
	niling Address	Street/Courier Add	ress
Red	gistration Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
BE Body, LLC	•
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2068 J and C Blvd Naples, FL 34109	2068 J and C Bivd Naples, FL 34109
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
Elizabeth Sittler	
Name	
2269 Inglewood Ct	
Florida street address (P.O. Box)	NOT acceptable)
Naples	FL 34105
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the chapte.	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the foot, F.S
Registered Agent's Signatu	re (REQUIRED)
CONTINUE	m

Page 1 of 2

Title:	Name and Address:	•
"AMBR" = Authorized Member		
"MGR" = Manager		
Manager	Elizabeth Sittler	<u>. </u>
	2269 Inglewood Ct	
	Naples, FL 34105	
	•	
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		 '
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(Use attachment if necessary)		
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f filing.) E VI: Other provisions, if any.		
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