

L14000060876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

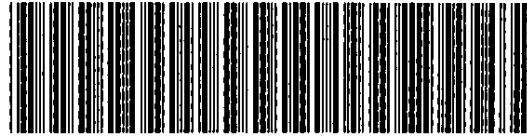
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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14 APR 11 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shivers APR 15 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2014

JAMES DENOFA  
4403 TROUT RIVER XING  
ELLENTON, FL 34222

SUBJECT: CROSSFIT HAVOC, LLC  
Ref. Number: W14000018845

We have received your document for CROSSFIT HAVOC, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00006341

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CROSSFIT HAVOC, 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:

JAMES DENOFA

Name of Person

CROSSFIT HAVOC

Firm/Company

4403 TROUT RIVER XING

Address

ELLENTON, FL 34222

City/State and Zip Code

millanat@yahoo.com

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

For further information concerning this matter, please call:

JAMES DENOFA

Name of Person

at (580) 284-3310

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CROSSFIT HAVOC, LLC

(Must end with the words "Limited 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 is:

Principal Office Address:

1700 14TH AVE E.  
PALMETTO, FL 34221

Mailing Address:

4403 TROUT RIVER XING  
ELLANDIN, FL 34222

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:

JAMES DENOFA

Name

4403 TROUT RIVER XING

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

ELLANDIN

City

FL

34222

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

"AMBR"

**Name and Address:**

NATASHA DENOFA  
4403 TRUIT RIVER XING  
ELLINGTON, FL 34222

JAMES DENOFA  
4403 TRUIT RIVER XING  
ELLINGTON, FL 34222

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: [REDACTED] (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]  
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.)

JAMES DENOFA

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)

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TALLAHASSEE, FLORIDA