

L14000070946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

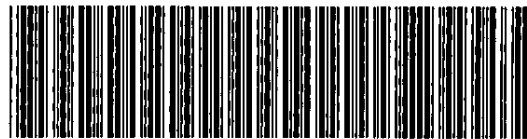
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/14--01032--032 **122.50

05/02/14--01001--011 **7.50

FILED
14 APR 30 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-19281

W14-19281

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFIT OUTFIT "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:

ROBINSON JANVIER
Name of Person

INFIT OUTFIT "LLC."
Firm/Company

255 EVERNIA STREET #908
Address

WEST PALM BEACH FLORIDA 33401
City/State and Zip Code

INTHIRSTINC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBINSON JANVIER at (561) 541 7028
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2014

ROBINSON JANVIER
255 EVERNIA SUITE 908
WEST PALM BEACH, FL 33401

SUBJECT: INFIT OUTFIT LLC
Ref. Number: W14000019281

RECEIVED
14 APR - 7 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INFIT OUTFIT LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 114A00006491



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

ROBINSON JANVIER
255 EVERNIA STREET #908
WEST PALM BEACH, FL 33401

SUBJECT: INFIT OUFIT "LLC"
Ref. Number: W14000024270

We have received your document for INFIT OUFIT "LLC" and check(s) totaling \$122.50 of which \$122.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$7.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 814A00008220

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IN FIT OUFIT "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:

Mailing Address:

255 EVERNIA STREET #908
WEST PALM BEACH FLORIDA
33401

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:

ROBINSON JAVIER
Name

255 EVERNIA STREET #908
Florida street address (P.O. Box NOT acceptable)
WEST PALM BEACH FL 33401
City 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.

ROBINSON JAVIER
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 APR 30 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

ROBINSON JANVIER CEO
255 EVERNIA STREET #908
WEST PALM BEACH FL 33401

WAYNE LACY
255 EVERNIA STREET #908
WEST PALM BEACH FL 33401

(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:

ROBINSON JANVIER

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.)

ROBINSON JANVIER

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)

FILED
14 APR 30 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA