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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
, (De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAY - 5 2014

T. BROWN

COVER LETTER

TO: Registration Division of 0	i Section Corporations		
SUBJECT:	Positive Vib	<u>Eς</u> nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
(Justin Popp		
		Name of Person	
		P: /0	
		Firm/Company	
10	b Brunswick		
		Address	
Palm	Coast, FL 3	12164	
1		ity/State and Zip Code	
Uustic	E-mail address: (to be used	d for future annual report notifica	ation)
For further information	n concerning this matter, plea	ase call:	
Justin Po	at (at (386) 364 565 Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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)
	iling Address istration Section	Street/Courier Add Registration Section	ress

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

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:	The training of	7
Positive Vibes Limited Lichility (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	1. TO.
ARTICLE II - Address: The mailing address and street address of the principal offi	Fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
106 Bruswick Ln Palm (Dad fl 32164)	Palmicoast PL 32144	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	Registered Agent. You must designate an individual or	
The name and the Florida street address of the registered ag	agent are:	
Justin Popp Name		
Florida street address (P.O. Box M	NOT acceptable)	
Palm Cour	FL 32164	
City	Zip	
capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in th	nis ance
PAR		
Registered Ageilt's Signatur	ure (REQUIRED)	
(CONTINUE)	CD)	

Page 1 of 2

itle: AMBR" = Authorized Member	Name and Address:
IGR" = Manager	
MG-R	Justin Page
	106 Brunswick Dr.
MGR	Palm Cour IFC 32144
MCR	Joshuca Wright
Z-1,Q-1)	12613 Victoria Pl. CM. #3312
	Orlando, FC 32828
	4
V: Effective date, if other than the dative date is listed, the date must be	ate of filing: Specific and cannot be more than five business days prior to or 9
ise attachment if necessary) V: Effective date, if other than the dative date is listed, the date must be stilling.) VI: Other provisions, if any.	ate of filing: Specific and cannot be more than five business days prior to or 9
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)