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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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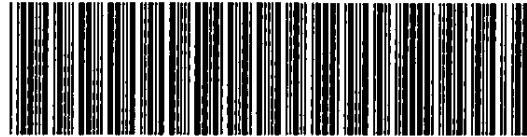
(Business Entity Name)

(Document Number)

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14 MAY 27 AM 11:05
SECOND DISTRICT CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIX BROTHERS ENTERPRISES
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:

Marc D. Felice
Name of Person

Elite Fitness and Training
Firm/Company

2450 N Powerline Road
Address

Pompano Beach, FL 33069
City/State and Zip Code

md.felice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc D. Felice at (954) 681-0151
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIX BROTHERS ENTERPRISES, 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:

2450 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

2450 N. POWERLINE ROAD
POWERLINE BEACH, FL 33069

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:

MARC D. FELICE

Name

3701 NW 71ST STREET

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

COCONUT CREEK

FL

33073

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 MAY 27 AM 11:38
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

MGR

AMBR

AMBR

AMBR

Name and Address:

MARC D. FELICE
3701 NW 71ST STREET
COCONUT CREEK, FL 33073

CHARLES R. BLANCHARD
22551 GROUPE COURT
BOCA RATON, FL 33428

TONY SOUSA FARIAS
610 NW 38TH CIRCLE
BOCA RATON, FL 33431

MARC ANTHONY FISICARO
3701 NW 71ST STREET
COCONUT CREEK, FL 33073

(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.)

Marc D. Felice

Typed or printed name of signer

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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14 MAY 27 AM 11:05
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

AMBRAMBRAMBRName and Address:STEVEN Pace
22491 ENSHADA Way
Boca Raton, FL 33433William ~~Klein~~ Kleine
4850 NW 18th Place
Coconut Creek, FL 33073ISAAC Turk
2450 N. Power Line Road
Pompano Beach, FL 33069

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing.
(If an effective date is listed, the date must be specified the date of filing.)(OPTIONAL)
cannot be more than five business days prior to or 90 days after

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:Signature of a member
(In accordance with section 605.02
constitutes an affirmation under the
I am aware that any false information
constitutes a third degree felony asauthorized representative of a member.
b). Florida Statutes, the execution of this document
constitutes an affirmation under the
I am aware that any false information
constitutes a third degree felony as
provided for in s. 817.155, F.S.)D. Pelice
printed name of signer\$125.00 Filing Fee for Articles of Organization
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)no Fees:
and Designation of Registered Agent