

U400014478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

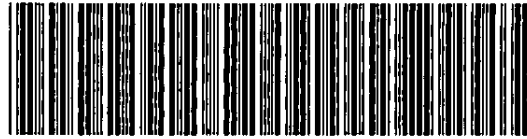
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400263032514

08/13/14--01008--006 \*\*125.00

FILED  
14 SEP 15 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

625



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2014

SCOTT HOLMES  
360 W COCOA BEACH CSWY  
COCOA BEACH, FL 32931

SUBJECT: STAYFIT NUTRITION LLC  
Ref. Number: W14000049513

We have received your document for STAYFIT NUTRITION LLC and your check(s) totaling \$125.00. 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: 514A00017372

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STAYFIT NUTRITION 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:

SCOTT E. HOLMES  
Name of Person

STAYFIT NUTRITION LLC  
Firm/Company

360 W. COCOA BEACH CSWY  
Address

COCOA BEACH FL 32931  
City/State and Zip Code

SEH6619 @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT E. HOLMES at ( 203 ) 615-2890  
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:

STAYFIT NUTRITION 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:

3008 W. NEW HAVEN AVE  
W. MELBOURNE, FL 32909  
32904

Mailing Address:

360 W. COCOA BEACH CSWY  
COCOA BEACH FL 32931

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:

SCOTT E. HOLMES

Name

360 W. COCOA BEACH CSWY

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

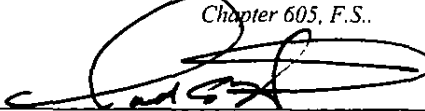
COCOA BEACH FL 32931

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 SEP 15 AM 10:09  
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:**

MGR

SCOTT E. HOLMES  
3008 W. NEW HAVEN AVE  
W. MELBOURNE, FL 32904

AMBR

BLANCA M. VIERA  
3008 W. NEW HAVEN AVE  
W. MELBOURNE, FL 32904


(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.)

SCOTT E. HOLMES

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 SEP 15 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA