# 115000009115

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILING CANCELLED RETURNED CHECK

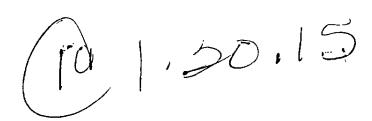
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FILED

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SECRETARY OF STATE

TALLAHASSEF FIORITE



## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: BShaeFit, LLC Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Brittni Shae Williams Name of Person
	Bohaefit, uc Firm/Company
	14203 Tree Swallow Way Address
	City/State and Zip Code  bshaefit @ gmail.com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Br	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee Status Statu
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# FILING CANCELLED RETURNED CHECK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITE	DLIABILITY COMPANY 2015
ARTICLE I - Name: The name of the Limited Liability Company is:	TALLAREMAN PM
BShaefit, LLC.	ASSEE FLORIE
(Must end with the words "Limited Liability Compar	y, "L.L.C.," or "LLC.")
ADTICLE IL Address.	

Mailing Address:

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Brittni Shae Williams	Brittini Shae Williams
14203 Tree Swallow way	14203 THE swallow Weny Takewood Ranch FL 34202
Lakewood Ranch FL 34202	inkewood Ranch FL 34202
ARTICLE III - Registered Agent, Registered Office	-

(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:

Brittni Shae Williams 14203 Tree Swallow Way Florida street address (P.O. Box NOT acceptable) Lakewood Planch FL 34202

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.,

> Menhae Willamy Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

# FILING CANCELLED RETURNED CHECK

### **ARTICLE IV-**

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Brittni Shae Williams 14203 Tree sulation way Lakewood Ranch Ft 34202
<del></del>	
(Use attachment if necessary)	
EV: Effective date, if other than the date	of filing: (OPTIONAL)
EV: Effective date, if other than the date	ecific and cannot be more than five business days prior to or 90 c
EV: Effective date, if other than the date fective date is listed, the date must be spoof filing.)  EVI: Other provisions, if any.	
EV: Effective date, if other than the date ective date is listed, the date must be sport filing.)	
EV: Effective date, if other than the date ective date is listed, the date must be sport filing.)  EVI: Other provisions, if any.	
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	
E V: Effective date, if other than the date fective date is listed, the date must be spoof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or 90 c

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)