

L15000037590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

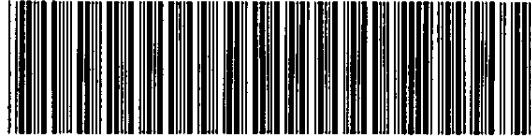
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600269709826

02/23/15--01016--012 **125.00

FILED
15 FEB 23 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 2 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
850-245-6051

2015-2-18

To whom this may concern,

Find enclosed the articles of organization and check for setup of LLC for Kelli Murphy Fitness.

Thank you

Kelli Murphy

*3116 Quantum Lakes Dr.
Boynton Beach, FL 33426
561 254 9798*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kelli Murphy Fitness
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:

Kelli Murphy
Name of Person

Kelli Murphy Fitness
Firm/Company

3116 Quantum Lakes Drive
Address

Boynton Beach, Florida 33426
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelli Murphy at (561) 254 9798
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Kelli Murphy Fitness 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:

3116 Quantum Lakes Drive
Boynton Beach, FL 33426

Mailing Address:

3116 Quantum Lakes Drive
Boynton Beach, FL 33426

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:

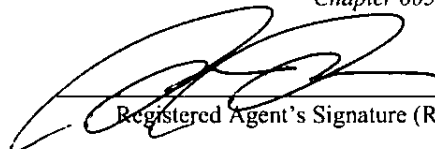
John Murphy Jr.
Name

5959 Blue Lagoon Drive, Suite 200
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33126
City Zip

FILED
5 FEB 23 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Kelli Murphy "MGR"

Name and Address:

3116 Quantum Lakes Drive

Boynton Beach, FL 33426

FILED
15 FEB 23 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

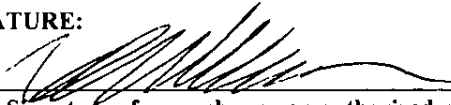
(Use attachment if necessary)

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.)

Kelli Murphy

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)