#1/5000043649

| (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: |
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COVER LETTER

| TO: | Registration Division of C | | | |
|-----------|-------------------------------|--|---|---|
| SUBJI | ECT: <u>BORN I</u> | MOTIVATED LLC Name of Lin | nited Liability Company | |
| The en | closed Articles | of Organization and fee(s) a | re submitted for filing. | |
| Please | return all corres | pondence concerning this m | natter to the following: | |
| | Brendan | Meyers | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | 6783 Hat | teras Dr | | |
| | <u>07001181</u> | icias Di | Address | |
| | Lake Wor | th, FL 33467 | | |
| | | | City/State and Zip Code | |
| امل | e <u>ftyJrPro@aol.</u> | com E-mail address: (to be use | d for future annual report notifica | ation) |
| For fur | ther information | concerning this matter, ple | ase call: | |
| Brend | lan Meyers | at (_ | 561) 207-1379 | |
| | Nam | e of Person | Area Code Daytime Tel | lephone Number |
| Enclos | ed is a check for | the following amount: | | |
| ☑ \$125.0 | 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) |
| | | ing Address | Street/Courier Add | ress |
| | | stration Section sion of Corporations | Registration Section Division of Corporat | ions |
| | P.O. | Box 6327 | Clifton Building | |
| | Talla | thassee, FL 32314 | 2661 Executive Cent | ter Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | : | | |
|--|---|--|---|
| The name of the Limi | ted Liability Company is: | | |
| | | | |
| BORN MOTIVATES | | | |
| ! | (Must end with the words "Lin | nited Liability Company, "L.L.C.," | 'or "LLC."原名 氧 |
| ADDICE DE LA LE | | | |
| ARTICLE II - Addr | | and a general contract of the state of the s | E 22 |
| The mailing address a | ing street aggress of the princip | oal office of the Limited Liability (| Jompany is: |
| Principal Office Add | lress: | Mailing Address: | The Bar |
| 6783 Hatteras Dr | | 6783 Hatteras Dr | |
| Lake Worth FL 334 | 67 | Lake Worth FL 33467 | |
| | | - | |
| The name and the Flo | rida street address of the regist | ered agent are: | |
| | Brendan Meyers | | - |
| | N | ame | |
| | 6783 Hatteras Dr | | |
| | Florida street address (P.O. | Box NOT acceptable) | - |
| | riorida su con address (r.o. | Box <u>Fror</u> acceptance, | |
| | Lake Worth | FL 33467 | _ |
| | City | Zip | |
| the place designal capacity. I further o | ted in this certificate, I hereby a agree to comply with the provisi am familiar with and accept th | ot service of process for the above s ccept the appointment as registered ions of all statutes relating to the pr e obligations of my position as regi Chapter 605, F.S | d agent and agree to act in this roper and complete performance |

(CONTINUED)

Registered Ageut's Signature (REQUIRED)

Page 1 of 2

| <u> Citle:</u> | Name and Address: |
|--|--|
| \overline{AMBR} " = Authorize | |
| MGR" = Manager | |
| MGR | Brendan Meyers |
| | 6783 Hatteras Dr |
| | Lake Worth FL 33467 |
| MGR | Lou Moyers |
| VIGR | Lou Meyers 5783 Hatteras DR 6783 |
| | Lake Worth FL 33467 |
| | Edito Moliti E do la |
| | <u></u> |
| | 6783 Hatteras Dr Lake Worth FL 33467 Lou Meyers 6783 Hatteras DR Lake Worth FL 33467 |
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| V: Effective date, if | essary) other than the date of filing: |
| V: Effective date, if etive date is listed, the filling.) | other than the date of filing: |
| filing.) VI: Other provisions | other than the date of filing: |
| V: Effective date, if etive date is listed, the filing.) VI: Other provisions REQUIRED SIGNA | other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to or 9 if any. |
| V: Effective date, if etive date is listed, the filing.) VI: Other provisions REQUIRED SIGNA (In accordance constitutes a I am aware to | if any. URE: Gignature of a member or an authorized representative of a member. The with section 605.0203 (1) (b), Florida Statutes, the execution of this document in affirmation under the penalties of perjury that the facts stated herein are true, that any false information submitted in a document to the Department of State |
| V: Effective date, if tive date is listed, the filing.) VI: Other provisions EEQUIRED SIGNA (In accordance constitutes a I am aware to serve date is listed, the filing.) | if any. LURE: Ligrature of a member or an authorized representative of a member. Les with section 605.0203 (1) (b), Florida Statutes, the execution of this document and affirmation under the penalties of perjury that the facts stated herein are true, nat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.) |
| V: Effective date, if etive date is listed, the filing.) VI: Other provisions REQUIRED SIGNA (In accordance constitutes a I am aware to | if any. URE: Gignature of a member or an authorized representative of a member. The with section 605.0203 (1) (b), Florida Statutes, the execution of this document in affirmation under the penalties of perjury that the facts stated herein are true, that any false information submitted in a document to the Department of State |

Page 2 of 2

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