

# L 15000069497

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Document Number)

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EFFECTIVE DATE  
3-26-2015

03/30/15--01038--004 \*\*130.00

FILED

2015 MAR 30 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 21 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Talent Transformations**

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:**

Cheryl Leanne Fisher

Name of Person

## Talent Transformations

Firm/Company

16101 Bridgedale Dr.

**Address**

Lithia, FL 33547

City/State and Zip Code

Leanne.Fisher.9499@gmail.com

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Leanne Fisher

Name of Person

at ( 813 ) 493-4765

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:

EFFECTIVE DATE  
3-26-2015

Talent Transformations, 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:

16101 Bridgedale Dr.  
Lithia, FL 33547

16101 Bridgedale Dr.  
Lithia, FL 33547

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:


Cheryl Leanne Fisher  
Name

16101 Bridgedale Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Lithia FL 33547  
City Zip

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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

AMBR

**Name and Address:**

Cheryl Leanne Fisher  
16101 Bridgedale Dr.  
Lithia, FL 33547

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FILED  
2015 MAR 30 PM 2:30  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

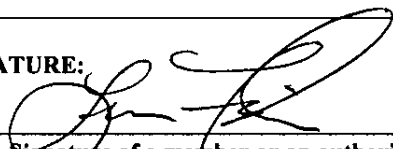
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 26, 2015 (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.)

Cheryl Leanne Fisher

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)