L15000091549

(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:
Ahmed M. Jama gave permission to add the P+CEOs name.

TJS
5.26.15

Office Use Only

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2015 MAY 26 P 1:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 26 2015

T SCHROEDER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

AHMED M JAMA
6742 FOREST HILL BLVD
#336
GREENACRES, FL 33413

SUBJECT: FITREX LLC
Ref. Number: W15000035712

We have received your document for FITREX LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE LIST THE INDIVIDUAL'S NAME THAT IS ACTING AS THE PRESIDENT & CEO.

Please return 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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 715A00010631

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fitrex 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:

Ahmed M. Jama
Name of Person

Fitrex LLC
Firm/Company

6742 Forest Hill Blvd #336
Address

Greenacres, FL, 33413
City/State and Zip Code

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

For further information concerning this matter, please call:

Ahmed M. Jama at (305) 766-0222
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 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:

Fitrex 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:**
6742 Forest Hill Blvd #336	6742 Forest Hill Blvd #336
West Palm Beach, FL	West Palm Beach, FL
33413	33413

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:

Ahmed M. Jama
Name

6742 Forest Hill Blvd #336
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach	FL	33413
City	State	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)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager President & CEO	116 Cove Road Ahmed M. Jama Greenacres, FL 33413

(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Ahmed M. Jama
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)

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