LIS000122989

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W1500046124

JUL 2 3 2015

T. SCOTT



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 8, 2015

SUZANNE SKARULIS SUZY AND THE LIFE GUARD 4947 GREENCROFT RD SARASOTA, FL 34289

SUBJECT: SUZY OF THE LIFEGUARD L.L.C.

Ref. Number: W15000046124

We have received your document for SUZY OF THE LIFEGUARD L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious names can not covert to LLC in Florida.,

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 115A00014291

To: Div. of Corporations

Re: Suzy a the Lifeguard L.L.C.

Date: July 20, 2015

As instructed by your office today, Please review + approve attached Articles of Organition for Suzy of the hiftguard, L.L. (;
Also, please refund overpaid amount (4/85 paid minus \$/25 filing. Pec = 460 exerpaid) and mail to: Suzanne Skarulis,
4947 Greeencroft Rd., Sarasota, Fl 34235.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	<u>.</u>
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4947 Meencroft Rd. Sarasota, FL 34235	4947 greencroft Rd. Strasota, FL 34235
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Suzanne Sk Name	Sistered agent are:
HOUF CYCENCY Florida street address (P.O. F	
Sarasota City	FL 34235 Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stored agent as provided for in Chapter 605, F.S

(CONTINUED)
Page 1 of 2

The name and address of each Company:	
Title:	Name and Address:
"AMBR" = Authorized Members "MGR" = Manager	er
President & AMBR	Suzanne Skarulis
	4947 Greencroft Rd. Sanapota, FL 34235
·	
	
n effective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
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