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(Requestor's Name)

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(Address)

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(Business Entity Name)

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DIVISION OF CORPORATIONS

15 SEP 22 PM 4:41
TO: KIMBERLY J. JOSE
SUFFICIENT FOR FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 SEP 22 AM 11:03

SEP 23 2015

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 720686 8058031

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 23, 2015

ORDER TIME : 3:47 PM

ORDER NO. : 720686-001

CUSTOMER NO: 8058031

DOMESTIC FILING

NAME: QUICKSTRETCH & BODYWORKS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____



Sports Health & Wellness

I am writing this letter as consent that I am the previous owner of Quick Stretch & Bodyworks and I have no intention of reinstating the old company and I give Timothy Todd Smith consent to use QuickStretch & Bodyworks as a new entity in to insure proper trademark for the company's product/services.

Thanks

A handwritten signature in black ink, appearing to read "Timothy Todd Smith", written in a cursive style.

Timothy Todd Smith

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUICKSTRETCH & BODYWORKS 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:

Timothy Todd Smith

Name of Person

QuickStretch & Bodyworks

Firm/Company

4705 North Federal Highway

Address

Boca Raton FL 33431

City/State and Zip Code

quickstretchbodyworks@gmail.com

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

For further information concerning this matter, please call:

Todd Smith

305

709-8663

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

QUICKSTRETCH & BODYWORKS 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:

4705 North Federal Highway
Boca Raton, FL, 33431

3480 Banks Road, Apt 205
Margate, FL, 33063

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:

Timothy T. Smith

Name

3480 Banks Road, Apt 205

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

Margate, FL, 33063

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..

By: 

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:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Timothy T. Smith AMBR

3480 Banks Road, Apt 205

Margate, FL 33063

(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.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Timothy T. Smith

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)

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