# LISOUD 181780

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Do	ocument Number)				
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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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T. SCOTT



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2015

GLENDA OLIVER 2000 N.W. 19 STREET FORT LAUDERDALE, FL 33311

SUBJECT: GLENDA ALL IN TO ONE, LLC

Ref. Number: W15000064793

We have received your document for GLENDA ALL IN TO ONE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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: 615A00020557

### **COVER LETTER**

	egistration Section ivision of Corporations	•	
SUBJECT	Glenda All In To One, LLC		
SOBILET		f Limited Liability Company	
The enclos	ed Articles of Organization and fee(s	s) are submitted for filing.	
Please retu	rn all correspondence concerning thi	s matter to the following:	
	Glenda Oliver		
		Name of Person	
-	Glenda All In To One, LLC		
		Firm/Company	•
	2000 N W 19 Street		
		Address	
	Fort Lauderdale, Florida 33311		
;	glendaskincare l@gmail.com	City/State and Zip Code	
_	E-mail address: (to be u	ised for future annual report notifica-	tion)
For further ir	nformation concerning this matter, pl	lease call:	
	Glenda Oliver	954 593-7551	
•	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed is	a check for the following amount:		
]\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Liabilit	v Company is:	•	•	
· ·	, <b></b> ,	ì		
Glenda All In To On	e, LLC		•	
(Must end	with the words "Limited	Liability Compar	ıy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limite	d Liability Company is:	
Principa	al Office Address:	•	Mailing Address:	
2000 N W 19 Street		200	2000 N W 19 Street	
Fort Lauderdale, Florida 33311		Fo	Fort Lauderdale, Florida 33311	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agent n.)	ent's Signature: You must designate an individual or	
	Glenda Oliver	_	,	
		Name		
•	2000 N W 19 Street			
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)	
•	Fort Lauderdale	Florida	33311	
	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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

IS UCT 27 Mill: nn

<u>Title:</u> "AMBR" = Authorized Member	' Name and Address:
"MGR" = Manager	
AMBR	President: Glenda Oliver
	2000 N W 19 Street
	Fort Lauderdale, Florida 33311
AMBR	Vice President: Mary Bynes
	813 N W 19 Avenue
	Fort Lauderdale, Florida 33311
MGR	Kimberly Watson
	451 S W 27 Terrace
	Fort Lauderdale, Florida 33312
MGR	Tommie Jackson
	2880 N W 168 Terrace
	Miami Gardens, Florida 33056
(Use attachment if necessary)	
FICE F.V. Effective date if other than th	e date of filing: September 8, 2015 . (OPTIONAL)
n effective date is listed, the date must	be specific and cannot be more than five business days prior to or 90 days after
date of filing.)	
e: If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Depart	tment of State's records.
FICLE VI: Other provisions, if any.	
, , ,	

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. as

Glenda Olivere
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)