

L15000182363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

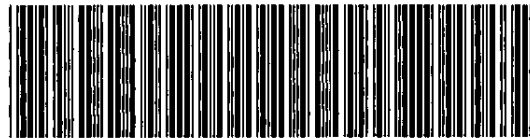
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/23/15--01024--004 **125.00

15 OCT 23 PM 12:15
F-1
Office of the Secretary of State
Division of Corporations & State Police

MD 10/28

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
VIA U.S. MAIL

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301
VIA CERTIFIED MAIL: 7015 0920 0001 7247 8634
RETURN RECEIPT REQUESTED

Dear Sir/Madam:

Enclosed are the forms to form an LLC, along with a cashier's check for \$125.00. Please process the application. Thank you.

Sincerely,

CHRISTOPHER CABRERA
JONATHAN CABRERA
5716 Ridgestone Drive
Tampa, Florida 33625
813-504-1718

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Cabrera Twins Fitness
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:

Christopher Cabrera

Name of Person

The Cabrera Twins Fitness

Firm/Company

5716 Ridgestone Drive

Address

Tampa, Florida 33625

City/State and Zip Code

cabreratwinsfitness@gmail.com

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

For further information concerning this matter, please call:

Christopher Cabrera

813

5041718

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:

The Cabrera Twins Fitness, 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:

5716 Ridgestone Drive

Tampa, Florida 33625

Mailing Address:

5716 Ridgestone Drive

Tampa, Florida 33625

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:

Christopher Cabrera

Name

5716 Ridgestone Drive

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

Tampa

Florida

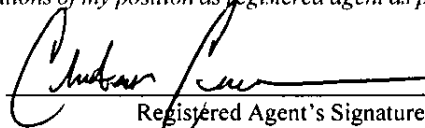
33625

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)

15 OCT 23 PM 12:15
CLERK OF COURT
STATE OF FLORIDA

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:

Christopher Cabrera

5716 Ridgestone Drive

Tampa, Florida 33625

AMBR

Jonathan Cabrera

5716 Ridgestone Drive

Tampa, Florida 33625

(Use attachment if necessary)

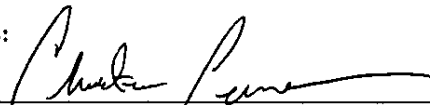
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Christopher Cabrera

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)