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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

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COVER LETTER

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|----------------|---|---|--|--|--|
| TO: Ro | egistration Section ivision of Corporations | | | | |
| Y | Nubodies LLC | | | | |
| SUBJECT | Name of 1 | imited Liability Company | | | |
| The enclose | ed Articles of Organization and fee(s) | are submitted for filing. | | | |
| Please retu | rn all correspondence concerning this | matter to the following: | | | |
| | Mary Alice Hoffman | | | | |
| | | Name of Person | | | |
| | Nubodies LLC. | | | | |
| | | Firm/Company | | | |
| | 18231 Jupiter Landings Drive | | | | |
| | | Address | | | |
| | Jupiter Florida 33458 | | | | |
| | arobix 11@aol.com | City/State and Zip Code | | | |
| - | E-mail address: (to be us | ed for future annual report notification) | | | |
| For further is | nformation concerning this matter, ple | ase call: | | | |
| | Mary Alice Hoffman | 561 596-1999 | | | |
| | Name of Person | Area Code Daytime Telephone Number | | | |
| Enclosed is | s a check for the following amount: | • | | | |
| \$125.00 F | iling Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



October 7, 2015

MARY ALICE HOFFMAN 18231 JUPITER LANDINGS DRIVE JUPITER, FL 33458

SUBJECT: NU-BODIES LLC. Ref. Number: W15000062871

We have received your document for NU-BODIES 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):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 415A00019981

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY APPE

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 NOV -9 PM 3: 01

| Nu-Body | Now | L.L.C |
|---------|-----|-------|
|---------|-----|-------|

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLCSCRETARY OF STATE

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|------------------------------|------------------------------|
| 18231 Jupiter Landings Drive | 18231 Jupiter Landings Drive |
| Jupiter Florida | Jupiter, Fl |
| 33458 | 33458 |

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:

| Mary Alice Hofffman | | |
|-----------------------|---------------------|------------|
| | Name | |
| 18231 Jupiter Landi | ngs Drive | |
| Florida street addres | ss (P.O. Box NOT ac | cceptable) |
| Jupiter, | FL | 33458 |
| 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)

Page 1 of 2

| ARTICLE IV- The name and add | | | |
|---------------------------------|--|--|--|
| 1 | | | |
| Title: | | | |

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|-------------|----------------|--------------|----------------|------------|-------------|------------|-----------|---------|
| The name a | nd address of | each nerson | authorized to | manage and | control the | Limited Li | ahility (| omnany |
| i ne name a | ila addices or | cacit person | autilorized to | manage and | cond or the | Lannea Li | aomics c | ompany. |

| Title: | Name and Address: 15 NOV -9 PM 3: 01 |
|---|---|
| "AMBR" = Authorized Member | መስተመ ተነካይ ለነገር ነው ነው ነው። |
| "MGR" = Manager | Mary Alice Hoffman AMBR SECRETARY CIF STATE TALLAHASSEE FLORIDA |
| | 18231 Jupiter Landings Drive |
| | Jupiter, FL 33458 |
| | |
| | Mary Alice Hoffman MGR |
| | 18231 Jupiter Landings Drive |
| | Jupiter, FL 33458 |
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| If an effective date is listed, the date mus he date of filing.) | e date of filing: 9/9/2015 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records. |
| This document is | a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. |
| constitutes a third | y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. |

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)

Mary Alice Hoffman

\$ 5.00 Certificate of Status (Optional)