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SECHE FARY OF STATE DAVISION OF COMPORATIONS

JAN 1 3 2016

S. PRATHER

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Taliahassee, FL 32314

SUBJECT:	Relax4Success, LLC Name of Limited Liability Company d Articles of Organization and fee(s) are submitted for filing. all correspondence concerning this matter to the following:
	d Articles of Organization and fee(s) are submitted for filing.
The enclosed	•
	all correspondence concerning this matter to the following:
Please return	
	Sara M. Sayas
_	Name of Person
	Relax4Success, LLC
	Firm/Company
	1561 West Fairway Road
	Address
_	Pembroke Pines, Florida, 33026
	City/State and Zip Code relax4success@gmail.com
	E-mail address: (to be used for future annual report notification)
For further infe	formation concerning this matter, please call:
	Sara Sayas 954 471-7382
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:
\$125.00 Fili	<u> </u>
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SCORETARY OF STATE OVVISION OF CORPORATIONS

ARTICLE 1 - Name: The name of the Limited Liability Company is:				I HAL 8
	Relax4Succe			د،
(Must end with the words "	Limited Liabilit	y Company, '	'L.L.C.," or "LLC.")	7
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of t	he Limited L	iability Company is:	1: 23
Principal Office Addre	<u>ss</u> :		Mailing Address:	
1561 West Fairway Road		1561	West Fairway Road	_
Pembroke Pines, Florida, 33026		Pembi	roke Pines, Florida, 33026	_
	Sara M. Sa Name			
m · · ·	1561 West Fai	 • 		
Florida street	address (P.O. E	lox <u>NOT</u> acc	eptable)	
Pembrol		orida	33026	
Cit	y St	ate	Zip	
Having been named as registered agent and to acco place designated in this certificate, I hereby accept further agree to comply with the provisions of all st am fumiliar with and accept the obligations of my p	the appointment atujes relating to	as registered the proper a cred agent as	l agent and agree to act in this capacity and complete performance of my duties, provided for in Chapter 605, F.S	v. I

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Sara M. Sayas
	1561 West Fairway Road
	Pembroke Pines, Florida, 33026
MGR	Jose M. Fernandez
	1561 West Fairway Road
	Pembroke Pines, Florida, 33026
MGR	
MGR	
(Use attachment if necessary)	
FICER V. Effective date if other than the	date of filing: January 6, 2016 . (OPTIONAL)
	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	not meet the applicable statutory filing requirements, this date will not be listed a
document's effective date on the Depart	ment of State's records.
FICLE VI: Other provisions, if any.	
	d is: ANY AND ALL LAWFUL BUSINESS
purpose for which this LLC iS organize	
purpose for which this LLC iS organize	

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.

Sara M. Sayas

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)