L1600025311

(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



800281460848

01/28/16--01011--018 **160.00



COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	BODIES BY BINKY, LLC.		
SUBJEC	T:Name of L	imited Liability Company	
The enclo	used Articles of Organization and fee(s) a	are submitted for filing.	
Please ret	urn all correspondence concerning this r	natter to the following:	
	CHARITY C. MALONE		
• • • • • • • • • • • • • • • • • • • •	1.0 MA M TO 1 10 10 A M TO 100 100 A M TO 10	Name of Person	
	BODIES BY BINKY	•	
		Firm/Company	
	150 S. CALOOSAHATCHEE AVE.		
		Address	
	JUPITER, FLORIDA 33458		
	BODIESBYBINKY@COMCAST.NE	City/State and Zip Code T	
	E-mail address: (to be use	d for future annual report notific	ation)
For further	information concerning this matter, plea	se call:	
	CHARITY C. MALONE	561 262-7736	
		Area Code Daytime Telepho	one 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	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

BODIES BY BINK				
(Must end	I with the words "Limited	l Liability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal o	office of the Limited Lia	bility Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
150 S. CALOOSAI	HATCHEE AVE.	150 S. C	CALOOSAHATCHEE AVE.	
The Limited Liability Compan	gent, Registered Office, ly cannot serve as its own	& Registered Agent's Registered Agent. You	Signature: must designate an individual or	
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration	& Registered Agent's Registered Agent. You on.)	Signature:	16 JAN
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration	& Registered Agent's Registered Agent. You on.)	Signature:	16 JAN 28
ARTICLE III - Registered Ag The Limited Liability Compan nother business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered	& Registered Agent's Registered Agent. You on.)	Signature:	16 JAN 28 PI
ARTICLE III - Registered Ag The Limited Liability Companion of the business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered	& Registered Agent's Registered Agent. You on.) d agent are: ONE Name	Signature:	是是
ARTICLE III - Registered Ag The Limited Liability Compan mother business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration t address of the registered CHARITY C. MALO 150 S. CALOOSAH	& Registered Agent's Registered Agent. You on.) d agent are: ONE Name	Signature: I must designate an individual or	PH 4: 0
ARTICLE III - Registered Ag	gent, Registered Office, by cannot serve as its own active Florida registration t address of the registered CHARITY C. MALO 150 S. CALOOSAH	& Registered Agent's Registered Agent. You on.) d agent are: ONE Name ATCHEE AVE.	Signature: I must designate an individual or	R F. ST

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 (REQUIRE

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	OHADWAY ON COM
PRES, MGR	CHARITY C. MALONE
	150 S. CALOOSAHATCHEE AVE. JUPITER, FL 33458
	JUPITER, PL 33438
	50 F
	學院 3
	S 22
•	
	FL'S
	RA
	Sm.
V: Effective date, if other than the tive date is listed, the date must filing.)	
ctive date is listed, the date must f filing.)	be specific and cannot be more than five business days prior to or 90 on not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must if filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 on not meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the ctive date is listed, the date must? filing.) the date inserted in this block does tent's effective date on the Depart. VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 on not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must if filing.) the date inserted in this block does tent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 on not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does tent's effective date on the Depart EVI: Other provisions, if any. Signature of	not meet the applicable statutory filing requirements, this date will not ment of State's records. Leave the applicable statutory filing requirements, this date will not ment of State's records. Leave the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does tent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is e	not meet the applicable statutory filing requirements, this date will not ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605,0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does tent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is early any aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. To false information submitted in a document to the Department of State
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does tent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is early any aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605,0203 (1) (b), Florida Statutes.
CV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does tent's effective date on the Depart VI: Other provisions, if any. Signature of This document is early any aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. If false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Malone
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is a lam aware that any constitutes a third of the constitutes a third of the constitutes as the cons	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the tive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of This document is earl am aware that any constitutes a third of the street o	not meet the applicable statutory filing requirements, this date will not ment of State's records. The member of an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. If false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Malone

ARTICLE IV-