

46000080365

(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:

no \$

will-25375

Office Use Only



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04/25/16--01039--021 **125.00

SECTION OF STATE
TALLAHASSEE, FLORIDA

16 APR 25 AM 10:11

APPROVAL
FILED

APR 25 2016
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

JOHN GRIMALDI
408 CRANBERRY LANE
BRANDON, FL 33510

SUBJECT: ENCOUNTER UNLIMITED, LLC
Ref. Number: W16000025375

We have received your document for ENCOUNTER UNLIMITED, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 116A00007005

Progressive Corporate Services

Business Solutions & Tax Preparation

Dear Valued Client:

It has been our pleasure helping you with your new business pursuit. We are just a few steps away from having you legitimized as a real business.

Your help **IS REQUIRED** to help us legally complete your business paperwork filing for your state. Enclosed you will find the document (s) that you will be required to handle.

The document (s) you will need to help us complete is/are marked by an "X" as follows:

	Certificate of Incorporation		Corporation By-laws
X	Articles of Organization		EIN Confirmation Letter
	Certificate of Organization		Federal Form 2553
	Corporate Minutes		Transmittal Letter
	Articles of Incorporation		Certificate of Formation

We have included complete instructions to guide you through the paperwork. We have attached the instructions to the document (s) that need your direct attention.

Please follow the instructions correctly to complete your new business filings.

If you have any question, please don't hesitate to call.

Thank you

Business Team

support@progressivebizservices.com

888-995-0095



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

JOHN GRIMALDI
408 CRANBERRY LANE
BRANDON, FL 33510

SUBJECT: ENCOUNTER UNLIMITED, LLC
Ref. Number: W160Q0025375

We have received your document for ENCOUNTER UNLIMITED, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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Stacy Prather
Regulatory Specialist III

Letter Number: 116A00007005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Encounter Unlimited, 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:

408 Cranberry Ln.
Brandon, FL 33510

Mailing Address:

408 Cranberry Ln
Brandon, FL 33510

RECEIVED
STATE
FALL ARMY
2017

16 APR 25 AM 10:11

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AND
FILED

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:

InCorp Services, Inc.

Name

17888 67th Court North

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

Loxahatchee

FL

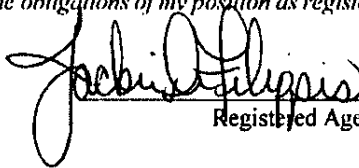
33470

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..



Jackie DeFilippis on behalf of InCorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

John Grimaldi

408 Cranberry Ln.

Brandon, FL 33510

(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.

John Grimaldi

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)

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AND
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16 APR 25 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA