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J. HARRIS

cover letter 717		
TO: Registration Section Division of Corporations		
SUBJECT: 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:		
Michelle Mahoney		
Name of Person	<u> </u>	7:
Mu Perfect Fit	AHA AHA	6 APR
Firm/Company	AHASSEE	25
4121 NW 78th	ر است. المت المت	₽
Address		1: 42
Coral Springs , Fl 33065	>	~
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Michelle Mahneyat (954) 213-3139 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 (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	of Status Copy	

Mailing Address

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED



February 11, 2015

MICHELLE MAHONEY 4121 NW 78TH WAY CORAL SPRINGS, FL 33065

SUBJECT: MY PERFECT FIT, LLC Ref. Number: W15000010088

We have received your document for MY PERFECT FIT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00002849

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

My PerFect Fit LC
(Mustehd with the words "Limited Liability Company; "L.L.C.," or "LLC.")

ARTICLE 11 - Address:

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

Principal Office Address:	Mailing Address:
Gral Springs, FID	4121 NW 78th Way Coral Springs, FI 28068

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:

Michelle Mahone y

Name

AIZI NW 18th Way Coal Spring

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

Coral Springs, Fl 33065

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Michelle Mahoney	065
	Coal Spings, 413	3065
A		
(Use attachment if necessary)		
	neet the applicable statutory filing requirements, this date	will not be
ment's effective date on the Department		will not be
ment's effective date on the Department E VI: Other provisions, if any.		will not be
REQUIRED SIGNATURE:	of State's records.	will not be
REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Section in a document to the Department of the	Statutes.
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-