

L1600008311Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

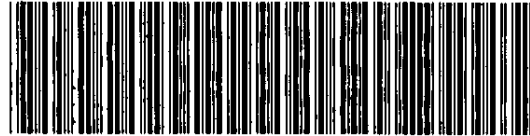
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FILED
16 APR 26 AM 8:25
SECURITY
FBI/DOJ

THE FETTERMAN FIRM, PLLC

Adam M. Fetterman, Attorney

Mailing address:
10380 SW Village Center Dr., #328
Port St. Lucie, FL 34987

Office address:
240 NW Peacock Blvd., Suite 302
Port St. Lucie, FL 34986

April 20, 2016

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

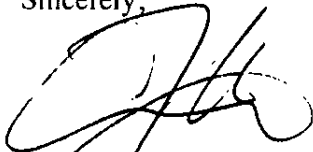
Re: Articles of Organization / Phytiness Factor, LLC

To Whom It May Concern:

Enclosed please find the Articles of Organization for the above named entity, "Phytiness Factor, LLC." My client, David Jacobs, was the incorporator for the now dissolved non-profit entity, "Phytiness Factor, Inc." and desires to use the same name for the new entity. Below you will find his signature and necessary affirmation to this effect.

Please contact me with any questions you may have, and send confirmation of the filing to me at the address below. Thank you.

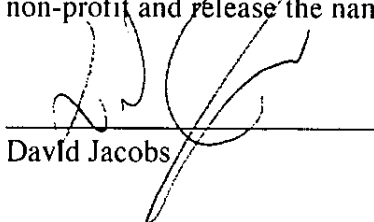
Sincerely,



Adam M. Fetterman

Enclosure

As the incorporator of the now dissolved Florida non-profit corporation, Phytiness Factor, Inc., I desire to now use the same name for the new for-profit entity I am creating, Phytiness Factor, LLC. I have no intention of revoking the Articles of Dissolution of the non-profit and release the name back to myself to use for the new entity.


David Jacobs

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Phytess Factor, LLC
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:

Adam M. Fetterman

Name of Person

The Fetterman Firm, PLLC

Firm/Company

10380 SW Village Center Dr., #328

Address

Port St. Lucie, FL 34987

City/State and Zip Code

concerning this filing: fettermanfirm@gmail.com / for annual report: dmejacobs@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Fetterman 772 202-3261
Name of Person at () Area Code Daytime Telephone 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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Phytess Factor, 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:

11078 SW Redwing Dr.
Stuart, FL 34997

Mailing Address:

11078 SW Redwing Dr.
Stuart, FL 34997

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:

Adam M. Fetterman

Name

10380 SW Village Center Dr., #328

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

Port St. Lucie

Florida

34987

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

David Jacobs

11078 SW Redwing Dr.

Stuart, FL 34997

AMBR

Perry Davis

419 Karla Ct.

Novato, CA 94949

(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.

David Jacobs

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)