

L16000085341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

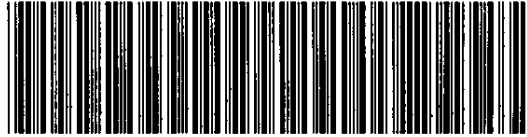
(Business Entity Name)

(Document Number)

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*W/16-27821*

16 MAY -3 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*TUL  
5-4-16*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2016

VERNA BUGG  
2271 NW 48TH TERRACE APT 104  
LAUDERHILL, FL 33313

SUBJECT: INTEGRATED TRANSFORMATION  
Ref. Number: W16000027821

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

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

THE PRINCIPAL OFFICE ADDRESS NEEDS TO BE ADDED IN ARTICLE II ALONG WITH THE MAILING ADDRESS. IN ARTICLE IV IN THE TITLE SECTION, THE "MGR" AND NAME NEED TO BE SWITCHED. "MGR" SHOULD GO ON THE LEFT SIDE AND THE NAME & ADDRESS GO ON THE RIGHT SIDE.

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.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 316A00007752

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY -3 AM 7:41

RECEIVED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Integrated Transformaiton  
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:

Verna Bugg

Name of Person

Firm/Company

2271 NW 48th Terrace Apt 104

Address

Lauderhill, FL 33313

City/State and Zip Code

soulcare2001@hotmail.com

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

For further information concerning this matter, please call:

Verna Bugg

at ( 954 )

448-0676

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



\$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:

Integrated Transformation, 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:

5440 NW 33rd Ave, Suite 102  
Ft Lauderdale, FL 33309

Mailing Address:

2271 NW 48th Terrace #104,  
Lauderhill, FL 33313

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:

Verna Bugg

Name

2271 NW 48th Terrace, #104

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

Lauderhill

FL

33313

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..*

Verna Bugg  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 MAY -3 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Verna Bugg

2271 NW 48th Terrace, #104

Lauderhill, FL 33313

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 14, 2016. (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 685.0303 (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.

Verna Bugg

Typed or printed name of signer

**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)

FILED  
16 MAY -3 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA