

L16000159550

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*WLB-53575*

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2016 AUG 25 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Live Lean Nutrition, 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:

Elliott Michael Dobbs

\_\_\_\_\_  
Name of Person

Live Lean Nutrition, LLC

\_\_\_\_\_  
Firm/Company

PO Box 351153

\_\_\_\_\_  
Address

Palm Coast, FL 32137

\_\_\_\_\_  
City/State and Zip Code

elliott.dobbs@gmail.com

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

For further information concerning this matter, please call:

Elliott Michael Dobbs	318	480-0480
_____ Name of Person	at (_____) Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2016

ELLIOTT MICHAEL DOBBS  
PO BOX 351153  
PALM COAST, FL 32137

SUBJECT: LIVE LEAN NUTRITION, LLC  
Ref. Number: W16000053575

We have received your document for LIVE LEAN NUTRITION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please type or print the name of the authorized representative.

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00016292



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2016

ELLIOTT MICHAEL DOBBS  
PO BOX 351153  
PALM COAST, FL 32137

SUBJECT: LIVE LEAN NUTRITION, LLC  
Ref. Number: W16000053575

We have received your document for LIVE LEAN NUTRITION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please type or print the name of signee.

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00016292

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Live Lean Nutrition, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2 Pine Cone Dr #351153

Palm Coast, Florida 32137

**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:

Peter Cavaliere

Name

125 Laramie Drive

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

Palm Coast, Florida 32137

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)

Peter Cavaliere

(CONTINUED)

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**ARTICLE IV-**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Elliott Michael Dobbs  
2 Pine Cone Dr #351153  
Palm Coast, FL 32137

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: NA (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.



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)