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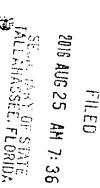
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Office Use Only



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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	Live Lean Nutrition, LLC	
SUBJEC		f Limited Liability Company
The encl	osed Articles of Organization and feet	s) are submitted for filing.
Please re	turn all correspondence concerning the	is matter to the following:
	Elliott Michael Dobbs	
	<del></del>	Name of Person
	Live Lean Nutrition, LLC	
		Firm/Company
	PO Box 351153	
		Address
	Palm Coast, FL 32137	
	elliott.dobbs@gmail.com	City/State and Zip Code
		used for future annual report notification)
For further	r information concerning this matter, p	olease call:
	Elliorr Michael Dobbs	318 480-0480
	Name of Person	Area Code Daytime Telephone Number
Enclosed	I is a check for the following amount:	
	Filing Fee S130.00 Filing Fee Certificate of Statu	
	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



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



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.

Letter Number: 516A00016292

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2016 AUG 25 AM 7: 36

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	•			-			

The name of the Limited Liability Company is:

SCHALIANT OF STATE TALLAHASSEE, FLORIDA

Live Lean Nutrition, 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:	Mailing Address:	
2 Pine Cone	Dr #351153		
Palm Coast,	Florida 32137		
(The Limited Liability C another business entity)	red Agent, Registered Office, & Registered Office, & Registered ompany cannot serve as its own Register with an active Florida registration.)  a street address of the registered agent a Peter Cavaliere	ered Agent. You must designate an individua	l or
	Name		
	125 Laramic Drive		
	Florida street address (P.O. )	Box NOT acceptable)	
	Palm Coast, Florida 32137		
	City Si	tate 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

Title: "AMBR" = Authorized Member	Name and Address: SE I TARY OF STATE ARASSEE, FLORI
"MGR" = Manager	19
MGR	Elliott Michael Dobbs
	2 Pine Cone Dr #351153
	Palm Coast, FL 32137
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(Use attachment if necessary)	
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