## 1600 175905

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Becks' Body Culture					
SUBJEC		of Limited Liabil	ty Company			
The enclo	sed Articles of Organization and fee	(s) are submitted	for filing.			
Please ret	urn all correspondence concerning the	nis matter to the f	ollowing:			
	Holly Beck					
		Name of	Person			
		Firm/Co	mpany			
	2074 Ringling Blvd Suite 101					
		Addr	085			
	Sarasota Florida 34236	· · · · · · · · · · · · · · · · · · ·				• •
	becksbodyculture@gmail.com	City/State an	d Zip Code		16 S	SEC:
	E-mail address: (to be	used for future a	nnual report notificati	on)	<u>. m</u>	iji.
For further	information concerning this matter,	please call:	·		9	\
	Holly Beck	941 at (	544-3013			150
	Name of Person	Area Code	Daytime Telephone	Number	<u>:</u>	
Enclosed	is a check for the following amount:					<b>3</b> >
\$125.00 H		& \$155.0	00 Filing Fee & Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	Mailing Address		Street Address			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Becks' Body Cultur			<del></del>	
(Must end	with the words "Limited !	Liability Company, "	L.L.C.," or "LLC.")	
CLE II - Address:				
uling address and street	address of the principal of	fice of the Limited Li	ability Company is:	
<u>Princh</u>	pal Office Address:		Mailing Address:	
2074 Ringling Blvd	SULTE IOI	3488 F	arkridge Clrcle	
Sarasota, Fl 34236		Saraso 34243	ia, Pl	
J74JU				
LE III - Registered Ag	gent, Registered Office, &	& Registered Agent'		_ _ ਨ
LE III - Registered Ag mited Liability Compan business entity with an		& Registered Agent? Registered Agent. You.)	s Signature: u must designate an individual or	
TLE III - Registered Agmited Liability Compan business entity with an	y cannot serve as its own lactive Plorida registration	& Registered Agent? Registered Agent. You.) agent are:	u must designate an individual or	6 SEP 19
LE III - Registered Agimited Liability Companbusiness entity with an	y cannot serve as its own lactive Plorida registration address of the registered	& Registered Agent? Registered Agent. You.) agent are:	u must designate an individual or	6 SEP 19 AH
CLE III - Registered Agimited Liability Compan business entity with an	y cannot serve as its own lactive Plorida registration address of the registered	& Registered Agent' Registered Agent. You  agent are:  q. Bentley & Bruning  Name	u must designate an individual or	6 SEP 19
CLE III - Registered Agimited Liability Compan business entity with an	y cannot serve as its own lactive Florida registration address of the registered Amanda R. Kison, Es	& Registered Agent' Registered Agent. You n.) agent are: q. Bentley & Bruning Name e 3rd floor	u must designate an individual or	6 SEP 19 MIII:
CLE III - Registered Agimited Liability Compan business entity with an	y cannot serve as its own I active Florida registration taddress of the registered Amanda R. Kison, Es	& Registered Agent' Registered Agent. You n.) agent are: q. Bentley & Bruning Name e 3rd floor	u must designate an individual or	6 SEP 19 MIII:

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address;
"MGR" = Manager President	TT-SI Possil
President	Holly Beck
	3488 Parkridge Circle
	Sarasota, FI 34243
	<u> </u>
EV: Effective date, if other than the ective date is listed, the date must of filing.)	
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 denot meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-

Page 2 of 2