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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: O Fit L.C.C.
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:
Onita Bazauri Ruszczyk Name of Person
OFIT LLC Firm/Company
4120 Cldar Creek barch Circle
Address
Cake Worth, FC 33467  City/State and Zip Code  moka4120@yahoo.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OnituRuszczyk at Sel 439-5490  Name of Person Area Code Daytime Telephone Number
Enotoged is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee,  Certificate of Status & Certified Copy  (additional copy is enclosed)  (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

0	Fit L.	<u>L.C.</u>	_	
(Must end with	the words "Limited Lia	bility Comp	oany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office	e of the Lim	ited Liability (	Company is:
Principal O	office Address:			Mailing Address:
4/20 Cedar Creek Cake Worth, FC	Ranch Circle 33467			ur Creek Ranch Circle with FC 33467
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its own Re			
The name and the Florida street addr	ress of the registered ago	ent are:		
	Onita	Poz	auri T	uszczyk
_	N	ame		
	4120 Cedar C	reck k	Lauch (	Circle
	Florida street address (P			
	Cake Horth City	, FL	3346	7
	City	State	2	Cip
Having been named as registered agen place designated in this certificate, I he further agree to comply with the provis am familiar with and accept the obliga	ereby accept the appoint sions of all statutes relate ations of my position as r	ment as regi ing to the pr	istered agent ar oper and comp gent as provided	nd agree to act in this capacity. I lete performance of my duties, and

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>AmBR</u>	Mark Ruszczyk 4130 Ceder Crket Zach C. Lake Worth, FL 33467
effective date is listed, the date must be te of filing.)  If the date inserted in this block does no	tate of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 day  out meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.)  If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 da ot meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filing.)  If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 da ot meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Department of t	specific and cannot be more than five business days prior to or 90 days or meet the applicable statutory filing requirements, this date will not be ent of State's records.
V: Effective date, if other than the dive date is listed, the date must be filling.) e date inserted in this block does not set's effective date on the Department's effective date effective date on the Department's effective date effetive date effective effective date effective date effective effective date effective effecti	ot meet the applicable statutory filicent of State's records.  member of an authorized represecuted in accordance with section of also information submitted in a doc