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Florida Department of State

Division of Corporations
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To: Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
SHOP FIT AND FINE LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SHOP FIT AND FINE 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:

ROXANNA SMITH

Name of Person

SHOP FIT AND FINE LLC

Firm/Company

18520 NW 67TH AVENUE, STE 163

Address

HIALEAH, FL 33015

City/State and Zip Code

foxynroxy7@hotmail.com

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

For further information concerning this matter, please call:

ROXANNA SMITH 305 763-3733
Name of Person at () Area Code Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHOP FIT AND FINE LLC

(Must contain 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:

18528 NW 67TH AVENUE, STE 163
HEALEY, FL 33015

SAME

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:

ROXANNA SMITH

Name

18520 NW 67TH AVENUE, STE 163

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

HEALEY

FL

33015

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)

(CONTINUED)

ARTICLE IV-

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

Title	Name and Address
MEMBER - Authorized Member	
MANAGER	
MEMBER	ROXANNA SMITH
	18520 NW 67TH AVENUE, STE 163
	FT. LAUDERDALE, FL 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 compliance 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.

ROXANNA SMITH

Typed or printed name of signer