

L18000160253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

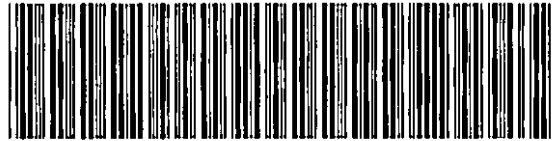
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

SUSAN COHEN
2691 CALLIANDRA TERRACE
COCONUT CREEK, FL 33063

SUBJECT: LIFEJOY LLC
Ref. Number: W18000057256

We have received your document for LIFEJOY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**YOU HAVE SUBMITTED THE WRONG ARTICLES FOR A NEW LLC. PLEASE
FILL OUT THE ATTACHED DOCUMENTS OUT AND RETURN THEM.**

Please return 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.

Keyna E Page
Regulatory Specialist II

Letter Number: 018A00012824

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIFEJOY 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:

Susan R. Cohen
Name of Person

Firm/Company

2691 Calliandra Terrace
Address

Coconut Creek, FL 33063
City/State and Zip Code

srgc@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan R. Cohen at (954) 968-3042
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| ☐ \$125.00 Filing Fee | ☐ \$150.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6527
Tallahassee, FL 32314

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

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2018 JUL -2 AM 11:47

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIFEJOY LLC

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

FLORIDA SECRETARY OF STATE
COMMERCIAL
INFORMATION SERVICES

ARTICLE II - Address:

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

Principal Office Address:2691 Calliandra Terrace
Coconut Creek, FL 33063Mailing Address:2691 Calliandra Terrace
Coconut Creek, FL 33063

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:

Susan R. Cohen

Name

2691 Calliandra TerraceFlorida street address (P.O. Box NOT acceptable)Coconut Creek, FL 33063

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.

Susan R. Cohen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Susan R. Cohen
2691 Calliandra Terrace
Coconut Creek, FL 33063

(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:Susan R Cohen

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.

Susan R. Cohen

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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