Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : HUBCO Account Number : 104662003400 : (516)935-3940 Phone Fax Number : (516)935-3088 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** micheleg@farbercpa.com Email Address: FLORIDA LIMITED LIABILITY CO. PILATES PROFESSIONAL ADVANCED TEACHER TRAINING -Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$130.00

note: full name of LLC did not fit in the field to create the fax cover sheet. Please see full name in box above.

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TES PROFESSIONAL ADVANCED TEACHER TRAINING - THE RED THREAD LLC

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

PILATES PROFESSIONAL ADVANCED TEACHER TRAINING - THE RED THREAD 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: 7004 207TH ST. E 7004 207TH ST. E **BRADENTON, FL 34211** BRADENTON, FL 34211 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: ĊĐ KATHRYN ROSS-NASH Name (n 7004 207TH ST. E. Florida street address (P.O. Box NOT acceptable) **BRADENTON**

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)
KATHRYN ROSS-NASH

(CONTINUED)

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<u>l'itle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR .	KATHRYN ROSS-NASH
	7004 207TH ST. E.
	BRADENTON, FL 34211
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•	ate of filing: (OPTIONAL)
ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date tive date is listed, the date must be a filling.) E VI: Other provisions, if any.	ate of filing:
EV: Effective date, if other than the date its listed, the date must be a filling.) EVI: Other provisions, if any.	ate of filing:
E V: Effective date, if other than the date tive date is listed, the date must be a f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	ate of filing:
E V: Effective date, if other than the date tive date is listed, the date must be a f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this documen a under the penaltics of perjury that the facts stated herein are true, information submitted in a document to the Department of State

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