19000018

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



300322457373

01/04/19--01018--044 **160.00

19 JAN 22 PH 1: 10



January 10, 2019

ATTORNEY JAMES M BRADY 1068 MAIN STREET WALPOLE, MA 02081

SUBJECT: THE PILATES FIRM NAPLES, LLC

Ref. Number: W19000002851

We have received your document for THE PILATES FIRM NAPLES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED TWO DIFFERENT SETS OF ARTICLES PLEASE RESUBMITT THE ARTICLES YOU WOULD LIKE FOR ME TO FILE.

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: 119A00000731

District of Commentions D.O. DOV 0007 Mellaharras Elevida 0001

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	The Pilates Firm, Naples, LL	.c
3003120		ne of Limited Liability Company
The enclo	sed Articles of Organization and	fee(s) are submitted for filing.
Please ret	urn all correspondence concernin	ng this matter to the following:
	Attorney James M. Brady	
		Name of Person
	Attorney Jim Brady and Associ	ciates, P.C.
		Firm/Company
	1068 Main Street	
		Address
	Walpole, MA 02081	
		City/State and Zip Code
	jbrady@attorneyjimbrady.com	
	E-mail address: (to	o be used for future annual report notification)
For further	information concerning this matt	er, please call:
	James M. Brady	508 660-8888 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amou	unt;
\$125.001	Filing Fee \$130.00 Filing Certificate of S	
	Mailing Address New Filing Section Division of Corporation	Street Address New Filing Section Division of Corporations

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 FLORIDA LIMITED LIABILITY COMPANY

The Pilates Firm, N	anles LLC		
(Must cor	tain the words "Limited Liab	ility 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:
Princi	pal Office Address:		Mailing Address:
3359 Tamiani Trail	N	3359	Tamiani Trail N
			
The Limited Liability Compan	y cannot serve as its own Reg	egistered Ager	nt's Signature: You must designate an individual of
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age	egistered Ager sistered Agent.	it's Signature:
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age Wendy Stone	egistered Ager sistered Agent. V	it's Signature:
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age Wendy Stone	egistered Ager sistered Agent.	it's Signature:
ARTICLE III - Registered As	y cannot serve as its own Reg active Florida registration.) address of the registered age Wendy Stone	egistered Ager sistered Agent. V	it's Signature:
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	y cannot serve as its own Reg active Florida registration.) t address of the registered age Wendy Stone Na	egistered Ager gistered Agent. V ent are:	nt's Signature: You must designate an individual
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age Wendy Stone Na 3359 Tamiani Trail N	egistered Ager gistered Agent. V ent are:	nt's Signature: You must designate an individual

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)

19 JAN 22 PM 1: 10

Name and Address: "AMBR" = Authorized Member "MGR" = Manager Wendy Stone, Manager 3359 Tamiani Trail N Naples, FL 34103 (Use attachment if necessary) (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 Amember 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. Wendy Stone Typed or printed name of signee 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)

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

ARTICLE IV-