

L19000096136

(Requestor's Name)

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(Business Entity Name)

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J. FASON
APR 12 2019

19 APR 12 PM 15:15

2019 APR 12 PM 2:46

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Flushlifestyle 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:

Brandon E. Mickens
Name of Person

3836 Castleberry Dr

Address

Tallahassee, FL 32303
City/State and Zip Code

brandonmickens81@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____, at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 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 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Push Lifestyle 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:

3836 Castleberry Dr.
Tallahassee FL
32303

Mailing Address:

3836 Castleberry Dr
Tallahassee FL
32303

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:

Brandon F. Micken

Name

3836 Castleberry Dr.

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

Tallahassee FL

City

State

32303

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE

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

MGR

MGR

MGR

MGR

(Use attachment if necessary)

Name and Address:

Brandon E. Mickens
2536 Castleberry Dr
Mt. Lake Park, FL

Akin Romi Sawyer
" "
" "

Vannetta Smith
" "

Chantal Steen
" "

Travis Knox

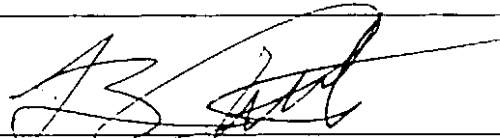
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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.

Brandon Mickens

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

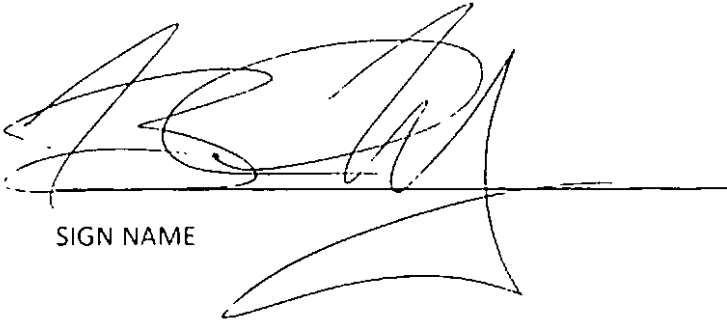
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

I Brandon Mckens will not reinstate The Mushlifestyle LLC

Document number L1760019934.

And will file a new filing with the same name.

A large, stylized handwritten signature in black ink, appearing to be 'Brandon Mckens', written over a horizontal line.

SIGN NAME

4/12/19

DATE