## L19000121883

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(Address)
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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Limitless Potential 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 K. Barnes Name of Person
401 West 4th Street Carrabelle FL
Carrabelle FL, 32322  City/State and Zip Code  Kaibree 1017 @Gmail-com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reardon at (850) 323-0815  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 \( \)  (additional copy is enclosed)  \$160.00 Filing Fee.  Certificate of Status \( \)  Certified Copy  (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
FILA LimitLess Potential	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 t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:

401 West 4th Street

Carrabelle FL 32322

Carrabelle FL 32322

TEIL-Registered Agent Registered Office, & Registered Agent's Signature:

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 Barnes

Name

401 West 4th Street

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

Carabelle FL 32322

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)

<u>Title:</u> "AMBR" = Authorized N	Name and Address:	
"MGR" = Manager		
————	Brandon Barnes	
	401 west 4th street	
Brank Buch	Carrasche fl, 32322	
prave Own	Carrascile +6,5=322	
(Use attachment if necess		
CLE V: Effective date, if other effective date is listed, the date of filing.)	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 da	
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 $\frac{Filing\ Fees;}{\text{S125,00 Filing Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$ 

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)