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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

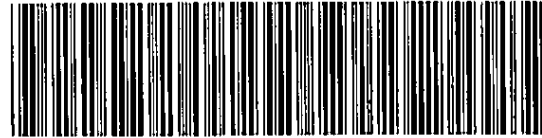
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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JUL 31 2019

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 31 AM 11:53

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: #JuicyFit, 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:

Alice Terrell

Name of Person

#JuicyFit, LLC

Firm/Company

11815 Alden Road Apt 701

Address

Jacksonville, FL 32246

City/State and Zip Code

aliceterrell@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Terrell

Name of Person

at (

904

) Area Code

660-8281

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

A.T.

☒ \$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**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration 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:

#JuicyFit, 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:

11815 Alden Road Apt 701  
Jacksonville, FL 32246

11815 Alden Road Apt 701  
Jacksonville, FL 32246

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:

Alice Terrell

Name

11815 Alden Road Apt 701

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

Jacksonville

FL 32246

City

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..*

Alice Terrell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION  
19 JUL 31 PM 2:03

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Alice Terrell

11815 Alden Road Apt 701

Jacksonville, FL 32246

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Alice Terrell

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Alice Terrell

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)

19 JUL 31 PM 12:03

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

#JuicyFit, LLC  
11815 Alden Road Apt 701  
Jacksonville, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of #JuicyFit, LLC:

Alice Terrell  
11815 Alden Road Apt 701  
Jacksonville, FL 32246

Alice Terrell  
Alice Terrell, Organizer

7/28/2019  
Date