

LI9000207979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

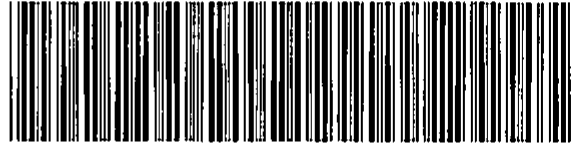
(Business Entity Name)

(Document Number)

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

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FILED  
2019 JUL 30 AM 8:33  
SFB COUNTY CLERK  
STATE OF FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: The Life Enrichment and Empowerment Program, 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:

Taylor Grant

Name of Person

Firm/Company

6690 Crestridge Loop Apt. 1425

Address

Fort Myers, Florida 33912

City/State and Zip Code

Taylor.grant50@gmail.com

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

For further information concerning this matter, please call:

Taylor Grant

Name of Person

at ( 786 )

Area Code

521-1558

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2019

TAYLOR GRANT  
6690 CRESTRIDGE LOOP APT 1425  
FORT MYERS, FL 33912

SUBJECT: THE LIFE ENRICHMENT AND EMPOWERMENT PROGRAM, LLC  
Ref. Number: W19000062089

We have received your document for THE LIFE ENRICHMENT AND EMPOWERMENT PROGRAM, 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 019A00013632

2019 JUL 05 11:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Life Enrichment and Empowerment Program, 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:

1350 Monroe Street #853  
Fort Myers, Florida 33902

Mailing Address:

P.O. Box 853 Fort Myers,  
Florida 33902 - 0853

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:

Taylor Channing Grant

Name

6690 Crestridge Loop Apt. #1425

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

Fort Myers      Florida      33912

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.*

Taylor O. Grant

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2019 JUL 30 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:**

Taylor Grant - 6690 Crastridge  
Loop Apt. 1435 Fort Myers,  
Florida 33912

(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.)

**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.

N/A

**REQUIRED SIGNATURE:**

Taylor Grant

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.

Taylor Grant

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)