

L19000258602

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000316959 3)))



H190003169593ABCA

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (718)889-7420

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
J.P. FIT ENTREPRISES LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 28 2019

19 OCT 25 PM 4:24

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

J.P. Fit Enterprises 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:  
6146 First Ave South, Unit D 6146 First Ave South, Unit D  
St. Petersburg, FL 33707 St. Petersburg, FL 33707

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:

Antônio Patrício Name  
6146 First Ave South, Unit D  
Florida street address (P.O. Box NOT acceptable)  
St. Petersburg, FL 33707 FL 33707  
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that 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 set forth in Chapter 605, F.S.

(X) Antônio Patrício  
Registered Agent Signature (REQUIRED)

(CONTINUED)

19 OCT 25 PM 4: 24

**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**Name and Address:**Jonathan Pettiford143 Manhattan Ave, Apt. 3Brooklyn, NY 11206AMBREdward Thomas Pettiford II14726 Loxley Meadows Dr.Houston, TX 77082

(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.

**REQUIRED SIGNATURE:**

Signature of \_\_\_\_\_ 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.Antonio Pettiford

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)