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SECTION 181001
DIVISION OF CORPORATIONS
19 OCT 30 PM 12:03

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OCT 30 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Flesh n Bone Global, 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:

Isabel Flores
Name of Person

Firm/Company

8815 Conroy Windermere Rd. 107
Address

Orlando, FL 32835
City/State and Zip Code

isabel.isabel1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabel Flores at (310) 906-7769
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:

Flesh n Bone Global, 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:

8815 Copcon Windermere Rd. 107
Orlando, FL 32835

Mailing Address:

P.O. Box 620061
Orlando, FL 32862

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:

InCorp Services, Inc.

Name

17888 67th Court North

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

Loxahatchee, FL 33470

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.



Lorie Cuni on behalf of InCorp Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 OCT 30 PM 12:03

STATE OF FLORIDA
DIVISION OF CORPORATIONS