

L200000051200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

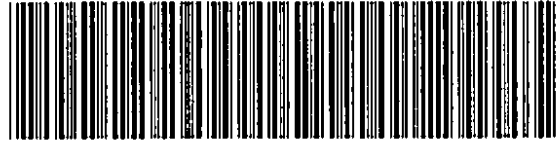
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900339890559

DATE: 01/01/2004

FILED
20 JAN 30 PM 1:04
ST. LOUIS, MO
FBI

3581 NW 88th Drive, #207
Coral Springs, FL 33065
January 26, 2020

Florida Department of State
Attn: New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: New filing for GymClips, LLC

Hello,

Please find enclosed registration application for the registration of a new company named GymClips, LLC.

Requestor information is as follows:

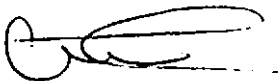
Celia L. Thames (Owner, agent, manager, etc)
3581 NW 88th Drive, #207
Coral Springs, FL. 33065

Celialthames@aol.com

(954) 397-0672

Should you require additional information, please contact me at the above contact information. Phone is preferred.

Yours truly,
Celia L. Thames

A handwritten signature in black ink, appearing to read 'Celia L. Thames', with a stylized flourish at the end.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GymClips, 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:

Celia L. Thames
Name of Person

Firm/Company

3581 NW 88th Drive, #207
Address

Coral Springs, FL. 33065
City/State and Zip Code

Celialthames@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celia L. Thames at (954) 397-0672
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Celia L. Thames
3581 NW 88th Drive, #201
Coral Springs, FL 33065

AMBR

Chris Thames
3581 NW 88th Drive, #201
Coral Springs, FL 33065

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/26/2020 (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:



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.

Celia L. Thames

Typed or printed name of signer

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GumClips, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>3581 NW 88th Drive, #207</u> <u>Coral Springs, FL 33065</u>	<u>3581 NW 88th Drive, #207</u> _____ _____

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:

Celia L. Thames
Name
3581 NW 88th Drive, #207
Florida street address (P.O. Box **NOT** acceptable)
Coral Springs, FL 33065
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)