

L200 0005 5807

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D O'KEEFE
FEB 21 2020

W20-4660



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2020

JONAH S DERMER
REAL STRENGTH LLC
4195 NORTH BAY ROAD
MIAMI BEACH, FL 33140

SUBJECT: REAL STRENGTH LLC
Ref. Number: W20000004660

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DIVISION OF CORPORATIONS

We have received your document for REAL STRENGTH LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the following: A complete principal office and mailing address is required; an individual name is required in Article IV; typed or printed name is required for the authorized representative.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 920A00001542

RECEIVED
2020 FEB -3 PM 12:10
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Real Strength 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:

Jonah S Dermer

Name of Person

Real Strength LLC

Firm/Company

4195 North Bay Road

Address

Miami Beach, Florida 33140

City/State and Zip Code

jsdermer@gmail.com

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

For further information concerning this matter, please call:

Jonah Dermer 305 794-9219

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Real Strength 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:

4195 North Bay Road, Miami Beach,
Fla., 33140

Mailing Address:

4195 North Bay Road, Miami Beach,
FLA, 33140

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:

Jonah S Dermer

Name

4195 North Bay Road

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

Miami Beach

City

Florida

State

33140

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

~~JOACH S. DERMER~~ ~~4195 North Bay Road, Miami Beach, FL 33140~~

Joach S. Dermer
AMBR, MGR

4195 North Bay Road,
MIAMI BEACH, FLA, 33140

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(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 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.



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)