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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

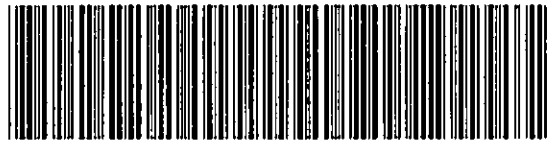
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2020 APR -2 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FL

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APR 2 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Built by Work Fitness & Training 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:

Jamel D. Pierre

Name of Person

Built by Work Fitness & Training LLC

Firm/Company

120 Casa Mirella Way #1312

Address

Windermere, Florida 34786

City/State and Zip Code

JPierre9@live.com

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

For further information concerning this matter, please call:

Raheem Grant at (407) 486-3167

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2020

JAMEL D. PIERRE
120 CASA MIRELLA WAY #1312
WINDERMERE, FL 34786 US

SUBJECT: BUILD BY WORK FITNESS & TRAINING LLC
Ref. Number: W20000018152

We have received your document for BUILD BY WORK FITNESS & TRAINING 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 620A00003811

2020 APR -2 AM 11:09
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CORPORATIONS
DIVISION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Built by Work Fitness & Training LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6185 Raleigh St
Orlando, FL 32835

Mailing Address:

120 Casa Mirella Way
Windermere, FL 34786
#1312

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:

Jamel D. Pierre

Name

120 Casa Mirella Way #1312

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

Windermere FL. 34786

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.

Jamel Pierre

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

AMBR

Douglas Moses
1412 CAB Drive NE
Atlanta GA 30312

MGR

Rahiem Grant
6185 Raleigh St
Orlando FL 32835

MGR

Jamel D. Pierre
120 Casa Mirella Way
Windermere, FL 34786

(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:

Rahiem Grant, Douglas Moses, Jamel Pierre

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.

Rahiem Grant, Douglas Moses, Jamel Pierre
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)

FILED

2020 APR -2 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FL