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COVER LETTER

	w Filing Section vision of Corporations		
SHRIFCT:	GET WAISTED BODY BAR LLC		
OOMIN, I.	Name of L	imited Liability Company	
The enclose	d Articles of Organization and fee(s) a	are submitted for filing.	
Please retur	n all correspondence concerning this r	natter to the following:	
	NAKEISHA L. LASTER		
		Name of Person	
		Firm/Company	
	1801 LONDON CREST DRIVE AR		
		Address	
•	ORLANDO, FL 32818		
		City/State and Zip Code	
_	E-mail address: (to be use	d for future annual report notificat	ion)
For further in	formation concerning this matter, plea	se call:	
1		407	
-		Area Code Daytime Telephon	
Enclosed is	a check for the following amount:		
≘\$125.001 ·	Filing Fee Status Certificate of Status	& □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section D	
	Division of Corporations P.O. Box 6327	The Centre of Tallaha	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability C	Iompany is:	
GET WAISTED BODY	'BAR LLC.	
(Must contain	the words "Limited Liabil	ity Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:		
The mailing address and street addr	ess of the principal office of	of the Limited Liability Company is:
Principal (Office Address:	Mailing Address:
1801 LONDON CREST DRIVE APT 225		1801 LONDON CREST DRIVE APT 225
ORLANDO, FL 32818		ORLANDO, FL 32818
	-	
ARTICLE III - Registered Agent, The Limited Liability Company car mother business entity with an activ The name and the Florida street add	nnot serve as its own Regis ve Florida registration.)	tered Agent. You must designate an individual or
N	IAKEISHA L. LASTER	
	Nam	e
<u>1</u>	801 LONDON CREST DRIVE	APT 225
1	Florida street address (P.C.	. Box NOT acceptable)

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.

ORLANDO

City

(CONTINUED)

State

32818

Zip

ARTICLE IV-

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

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. **NAKEISHAL LASTER** **Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	, Title:	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: 060220 reflective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REOURED 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. NAKEISHAL LASTER Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)		
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(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: 0600270		
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: 0600200 (OPTIONAL) at effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days; at each of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list locument is effective date on the Department of State's records. ICLE 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. NAKEISHAL LASTER 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)		ORLANDO, FL 32818
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(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: 06/02/20		
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