

L20000257479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

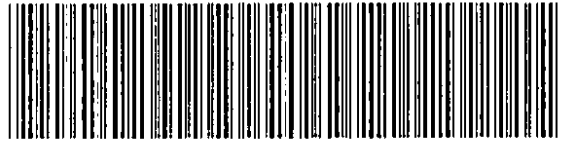
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 28 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FL

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2020 AUG 28 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FL

N. C. H.

AUG 28

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 8/27/2020

PRIORITY Routine

OUR REF # (Order ID#) 849059

ORDER ENTITY
B FIT BRANDS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

B FIT BRANDS, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: becky@warmanagement.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For WEC orders, please include the thru date on the results.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 AUG 28 AM 9:09

ARTICLE I - Name:

The name of the Limited Liability Company is:

B Fit Brands, 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:

7695 SW 104th St Suite 100
Pinecrest, FL 33156

Mailing Address:

7695 SW 104th St Suite 100
Pinecrest, FL 33156

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:

Rebecca Warman

Name

7695 SW 104th St Suite 100

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

Pinecrest

FL

33156

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 603, F.S.

Rebecca Warman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

U

\$ 5.00 Certificate of Status (Optional)