L21000294076

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olty/State/Lip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100368618531

06/24/21--01010--019 **125.00

,

1:5 Hd 12 KNT 1805

2021 JUH 24 AM 9: 32

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_		
NVFIT, LLC			
·			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
		İ	L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Att. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: Seth	0.646.64		UCC 1 or 3 File
	06/23/21		UCC 11 Search
Name	Date	Time	UCC 1! Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

	egistration Section ivision of Corporations		
oun mea	GNVFIT, LLC		
SORTECT	':Name of	Limited Liabili	y Company
The enclos	ed Articles of Organization and fee(s	s) are submitted	for filing.
Please retu	irn all correspondence concerning thi	s matter to the fo	ollowing:
	Jesse Caedington		
		Name of	Person
	Holden, Roscow & Caedington, Pl	_	
		Firm/Co	прапу
	5608 NW 43rd Street		
		Addr	ess
	Gainesville, FL 32653		
		City/State an	d Zip Code
	jesse@gnv-law.com	used for future a	nnual report notification)
re d'al			,
For further	information concerning this matter, p	nease ear.	
	Jesse Caedington	352 u (373-7788
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee S130.00 Filing Fee		00 Filing Fee & \$160.00 Filing Fee, certificate of Status &
	Certificate of State		al copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section		New Filing Section Division of Corporations
	Division of Corporations P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 JUN 24 AM 9: 32

SECRETARY OF STATE TALLAHASSEE, FL

GN	3717	1.1.	1 1	
CILA	A L.	11.	. 1	ب. ا

(Must end with 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</u>	Office Address:		Mailing Address:	
3360 SW 117th Terr. Gainesville, FL 32608			3360 SW 117th Terr. Gainesville, FL 32608	
another business entity with an ac	annot serve as its own tive Florida registrati	n Registered A on.)	Agent's Signature: gent. You must designate an individual o	ЭГ
The name and the Florida street ac	ldress of the registere	d agent are:		
	Todd W. Powell	_		
		Name		
	3360 SW 117th Ter	r		
	Florida street addre	ss (P.O. Box 🛚	OT acceptable)	
	Gainesville	FL.	32608	
	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..

1 AW W Powell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Todd W. Powell
	3360 SW 117th Terr.
	Gainesville, FL 32608
	· ·
	<u> </u>
	113 TT
	——————————————————————————————————————
EV: Effective date, if other than the date excive date is listed, the date must be spenfilling.)	
EV: Effective date, if other than the date ective date is listed, the date must be speof filing.) The date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 leet the applicable statutory filing requirements, this date will not of State's records.
ective date is listed, the date must be spend filing.) If the date inserted in this block does not moment's effective date on the Department of the Uther provisions, if any.	cific and cannot be more than five business days prior to or 90 leet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ective date is listed, the date must be spen of filing.) The date inserted in this block does not moment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spenf filing.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be spendfiling.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Jow W F Signature of a me	cific and cannot be more than five business days prior to or 90 leet the applicable statutory filing requirements, this date will not of State's records. Well mber or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be spendfiling.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Jow W Figure	cific and cannot be more than five business days prior to or 90 leet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be spend filing.) If the date inserted in this block does not moment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: John W for Signature of a metal This document is executed any false.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ective date is listed, the date must be spend filing.) The date inserted in this block does not more ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State.

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)