

L21000433688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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V21000433688



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FILED
2021 JUL -7 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B&B NUTRITION CONSULTING & DETAILING, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

BISCAYNE AVENUE
3010 NW 101 STREET
MICAD, FL 33147

Mailing Address:

BISCAYNE AVENUE
3010 NW 101 STREET
MICAD, FL 33147

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:

BISCAYNE AVENUE
Name
3010 NW 101 STREET
Florida street address (P.O. Box **NOT** acceptable)
MICAD FL 33147
City Zip

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TALLAHASSEE, FL

2021 JUL -7 PM 6:55

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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.

[Signature]
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

MGR

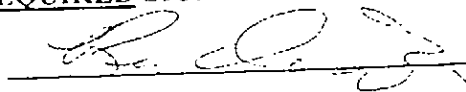
Name and Address:

BIDSCAGE AUGUSTIN
3010 N.W. 101 STREET
MIRAMONTE, FLORIDA 33147

(Use attachment if necessary)

ARTICLE V: 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.

BIDSCAGE AUGUSTIN

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)

2021 JUL -7 PM 8:55
STATE OF FLORIDA
TALLAHASSEE

PM 8:55

10/5/2021

To whom it may concern: Division of Corporations

I do not want to do a conversion. I only want to form an LLC.

Biosace Augustin

10/5/2021

PM 11:10

2021 JUL -7 PM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL