

L21000452334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

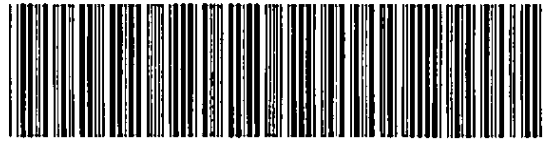
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/21--01019--012 **130.00

2021 OCT 15 PM 2:56
STATE
OFFICE OF
CLERK OF
COURT
FLORIDA

FILED

✓

CODY L SMITH

7183 MILL POND CIRCLE NAPLES, FL 34109

717-858-8865

CODYSMITHCOACHING@GMAIL.COM

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St Suite 810
Tallahassee, FL 32303

NEW FILING SECTION,

Please see the attached new filing paperwork for Geared for Life llc.

Sincerely,

A handwritten signature in black ink, appearing to read "Cody L Smith", with a stylized flourish at the end.

Cody L Smith

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Geared for Life 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:

Cody L Smith
Name of Person

Firm/Company

7183 Mill Pond Circle
Address

Naples, FL 34109
City/State and Zip Code

Codysmithcoaching@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody L Smith at (717) 858-8865
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gearred for Life LLC

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

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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:

7183 Mill Pond Circle
Naples, FL 34109

Mailing Address:

7183 Mill Pond Circle
Naples, FL 34109

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:

Cody L Smith

Name

7183 Mill Pond Circle

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

Naples

City

FL

State

34109

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..

Cody L Smith

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

AMBR

Name and Address:

Erica E Smith
7153 Mill Pond Circle
Naples, FL 34109

MGR

Cody L Smith
7153 Mill Pond Circle
Naples, FL 34109

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 OCT 15 PM 2:54

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:

Erica E Smith / Cody L Smith

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.

ERICA E SMITH / Cody L Smith

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)