

February 9, 2022

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed my completed Articles of Organization and Designation of Registered Agent documentation along with a check representing the filing fee of \$125.00.

Please note the requested information is as follows:

Tracy Collier-Fisher
3575 Island Club Drive - #12
North Port, FL 34288

Phone No.: (410) 446-0416

Please contact me if you have any questions regarding the enclosures.

Thank you.

Kind regards,

Tracy Collier-Fisher

Tracy Collier-Fisher

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2022 FEB 15 AM 9:53
Tallahassee, Florida

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fisher Lifestyle Concierge Services, 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:

Tracy Collier-Fisher
Name of Person

Fisher Lifestyle Concierge Services, LLC
Firm/Company

3575 Island Club Drive #12
Address

North Port, FL 34288
City/State and Zip Code

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

For further information concerning this matter, please call:

Tracy Collier-Fisher at (410) 446-0416
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



STATE OF FLORIDA
DEPARTMENT OF BANKING AND FINANCE

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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:

Tracy Collier-Fisher

3575 Island Club Drive #12
North Port, FL 34288

(Use attachment if necessary)

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:

Tracy Collier-Fisher

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.

Tracy Collier-Fisher

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)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS & CHARITABLE ORGANIZATIONS

2022 FEB 15 AM 9:53

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