122000379268

(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: W22000102797	
W22000102797	
11/	
Office Use Only	



200391837342

08/01/22--01038--010 **155.00

CECHÉL RY OF STATE

2022 AUG 30 AM 9: 47

 $\wedge \wedge$

COVER LETTER

Ref Number. W22000102797

TO: New Filing Section Division of Corporations	2022 4
SUBJECT: James For LIFE, LLC Name of Limited Liability Company	- ပ ဝ
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	MHH: 02
Shatika Young James Name of Person	<u>_</u>
James FOR UFC, LLC Firm/Company	
10144 Arbon Run Dr. Unit-30 Address	
City/State and Zip Code Syames Westife & Grand Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shahka Yuung James (813) (006-1722 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	0 Filing Fee. e of Status & Copy 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 1 - Name:

The name of the Limited Liability Company is:	
Tames FOR LIFE 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: Mailing Address	ress:
10144 Arber Run Dr. Unit 30 10144 Arber F Tampa, FL 336477 Tampa, FL	Run p linit 30 336477
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 in another business entity with an active Florida registration.)	dividual or
The name and the Florida street address of the registered agent are: Shahka yung James Name	
Florida street address (P.O. Box NOT acceptable))
Tampa F2 33647 City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liab place designated in this certificate. I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performant the familiar with and accept the obligations of my position as registered agent as provided for in Chapte. Registered Agent's Signature (REQUIRED)	in this capacity 1

(CONTINUED)

ARTICLE IV-

. . . .

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $MG / 2$	Shahke Young James 10144 Priss Ren pr unit 30 Tampin In 33647
	PALLATIA SSE
(Use attachment if necessary)	800/ RNO/ RNO/
If an effective date is listed, the date must be he date of filing.)	late of filing:
ARTICLE VI: Other provisions, if any.	<u> </u>
REOUIRED SIGNATURE:	1
This document is ex I am aware that any f	entember or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Shan	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)