L19000213642

(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

000333377910

08/21/19--01004--023 **160.00

FILED

2019 AUG 21 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Adlih Fitness Instruction, 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:

Hilda A. Ike
Name of Person

Adlih Fitness Instruction, LLC
Firm/Company

Post Office Box 66491
Address

Portland, Oregon 97290
City/State and Zip Code

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

For further information concerning this matter, please call:

Hilda Ike at ( 321 ) 663-5528
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)
- [x] $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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Adlih Fitness Instruction, 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: |
|---|---|
| 294 Rock Springs Drive<br>Poinciana/Kissimmee, Florida<br>34759 | Post Office Box 66491<br>Portland, Oregon 97290 |

**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:

Hilda A. Ike
Name

294 Rock Springs Drive
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee Florida 34759
City State Zip

FILED
2019 AUG 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*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.*

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: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| AMGR | Hilda Ike<br>294 Rock Springs Drive<br>Kissimmee, Florida 34759 |
| | |
| | |
| | |

FILED
2019 AUG 21 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.
This is a one person LLC. The business purpose is group and individual physical fitness training including, but not limited to: zumba, aqua fitness, pilates, step and yoga.

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.

Hilda A. Ike
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)**