

LD/00000/021

FILED  
01 JAN 19 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRAVIS ANTON MONDAY  
6325 RAINBOW DRIVE  
MERRILL, WI 54452  
715.539.2014

Or

000003486020--3  
-12/11/00--01147--016  
\*\*\*125.00 \*\*\*125.00

FIT 4 LIFE LLC  
2100 STEWART AVENUE  
SUITE 160  
WAUSAU, WI 54401  
715.842.7079

**Application** to for a Florida Limited Liability Company

And

Register name (Fit 4 Life Personal Training & Spine Strengthening LLC)  
With the state of Florida

LD-1021

~~00000000~~

W-29429

789/623/671

(3)

np



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 15, 2000

TRAVIS A. MONDAY  
6325 RAINBOW DRIVE  
MERRILL, WI 54452

SUBJECT: FIT 4 LIFE PERSONAL TRAINING & SPINE STRENGTHENING LLC  
Ref. Number: W00000029429

We have received your document for FIT 4 LIFE PERSONAL TRAINING & SPINE STRENGTHENING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux  
Corporate Specialist Supervisor

Letter Number: 300A00063159

NOV 28 00 06:42a

Travis Monday

(715) 842-7079

p.2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Fit 4 Life Personal Training & Spine Strengthening LLC

### ARTICLE II - Address:

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

15303 Amberly Drive, Building B, Tampa, FL 33647

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

TOM SCAGLIONE  
Name  
12966 N. DALE MABRY  
Florida street address (P.O. Box **NOT** acceptable)  
TAMPA FL 33618  
City, State, and 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 608, F.S.*

[Signature]  
Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

X [Signature]  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TRAVIS A. MONDAY

Typed or printed name of signee

#### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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