

# L01000002291

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H01000017031 5)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : TODD WATSON, ATTORNEY AT LAW  
Account Number : I19990800260  
Phone : (904) 739-9747  
Fax Number : (904) 739-9748

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB 13 PM 2:47

FILED

AL

## LIMITED LIABILITY COMPANY

Chiefland Health & Fitness Center, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB 13 PM 2:34

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

H0100000170315

**ARTICLES OF ORGANIZATION**

**OF**

**CHIEFLAND HEALTH & FITNESS CENTER, L.L.C.**

The undersigned, for the purpose of forming a Limited Liability Company under Florida Limited Liability Act, do hereby adopt the following Articles of Organization.

FILED  
01 FEB 13 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE 1.0**

The name of the Limited Liability Company shall be Chiefland Health & Fitness Center L.L.C.

**ARTICLE 2.0**

The period of its duration may not exceed 30 years from the date of filing with the Department of State.

**ARTICLE 3.0**

The purpose for which the Limited Liability Company is organized shall be the engagement of any legal business or investment activity as the Managers may from time to time determine.

**ARTICLE 4.0**

The location of the principal place of business and mailing address of the Limited Liability Company shall be 105 S.E. Park Avenue, P.O. Box 1777, Chiefland, Florida, 32644.

**ARTICLE 5.0**

The admission of new Members shall be subject to the unanimous approval of the existing Members of the Limited Liability Company.

**ARTICLE 6.0**

Upon the affirmative majority vote thereof, the remaining Members of the Limited Liability Company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability

H0100000170315

H0100000170315

Company.

**ARTICLE 7.0**

The Limited Liability Company shall be managed by a Manager or Managers and the name and address of the initial Manager is as follows:

Robert Beauchamp

P.O. Box 1777  
Chiefland, FL 32644

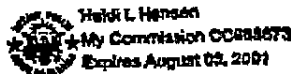
IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization.

  
Robert Beauchamp, Member

**STATE OF FLORIDA  
COUNTY OF LEVY**

The foregoing instrument was acknowledged before me this 12th day of February, 2001, by Robert Beauchamp, who is personally known to me or who has produced N/A as identification.

  
Signature of Notary Public  
Notary's Seal:



FILED  
01 FEB 13 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H0100000170315

H0100000170315

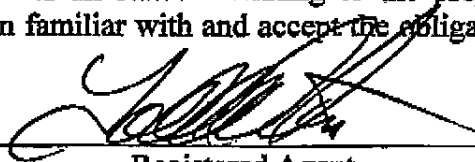
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits that following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is The Chiefland Health & Fitness Center L.L.C.

2. The name and the Florida street address of the registered agent are: Todd Watson, Attorney at Law, 7785 Baymeadows Way, Suite 107, Jacksonville, Florida, 32256.

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.

  
\_\_\_\_\_  
Registered Agent

Dated: February 13, 2001

FILED  
01 FEB 13 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H0100000170315