

LO3000007103

00789-00623-00671

Edward Dullmeyer

(Requestor's Name)

4448 Park Eden Circle

(Address)

Orlando FL 32810

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

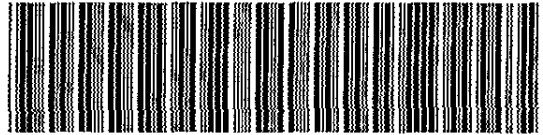
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2/26 FL LLC

W03-4424

Office Use Only



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MJH

02/13/03--01019--001 \*\*150.00

FILED  
03 FEB 26 AM 9:14  
JAN 13 2003  
JAN 13 2003



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

February 14, 2003

EDWARD DULLMEYER  
4448 PARK EDEN CIRCLE  
ORLANDO, FL 32810

SUBJECT: FIT 4 LIFE, LLC  
Ref. Number: W03000004424

We have received your document for FIT 4 LIFE, LLC and your check(s) totaling \$150.00. 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 403A00010035

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fit 4 Life, LLC

**ARTICLE II - Address:**

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

4448 Park Eden Circle, Orlando FL 32810

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

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

Edward J. Dullmeyer

Name

4448 Park Eden Circle

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32810

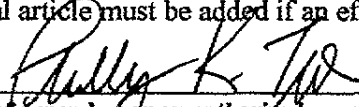
City, State, and Zip

*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.*



Registered Agent's Signature

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



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.)



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)

FILED  
03 FEB 26 AM 9:14  
CLERK OF CIRCUIT COURT  
JANET L. LINDA