

L03000007103

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)

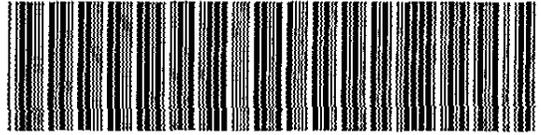
Certified Copies _____ Certificates of Status _____

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 25 AM 9:14
STATE OF FLORIDA



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

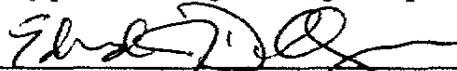
4448 Park Eden Circle

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

Orlando, FL 32810

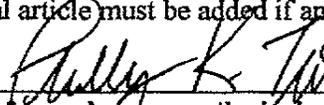
City, State, and Zip

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
TALLAHASSEE, FLORIDA