

L030000023410

03 JUN 23 PM 1:52

CLERK OF COURT
TALLAHASSEE, FLORIDA

(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



700020691477

06/23/09--01063--011 **160.00

AL

Phyllis A. Cummins
P.O. Box 239
Bokeelia, FL

Phone: (239) 282-1202
Fax: (239) 282-1205
E-mail: phylliscummins@msn.com

FILED
03 JUN 23 PM 1:32
TALLAHASSEE, FLORIDA

June 18, 2003

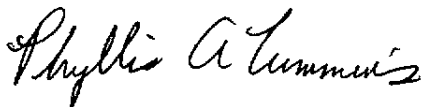
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Article of Organization for Florida Limited Liability Company
Fitness for Life, LLC

Dear Sir or Madam:

I am enclosing an original and a copy of the Articles of Organization for the above company. Also enclosed is a check for \$160 for the Filing Fee for Articles of Organization, Designation of Registered Agent, Certified Copy and Certificate of Status. Please contact me if there are any questions.

Sincerely,



Phyllis A. Cummins
P.O. Box 239
Bokeelia, FL 33922

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Fitness for Life, LLC

03 JUN 23 PM 1:32

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
P.O. Box 239, 306 Useppa Island, Bokeelia, FL 33922

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

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

Phyllis A. Cummins

Name

306 Useppa Island

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

Bokeelia, FL 33922

FL

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.

Phyllis A. Cummins

Registered Agent's Signature

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

Phyllis A. Cummins

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.)

Phyllis A. Cummins

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)