

L040000057034

2004 JUL 29 P 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

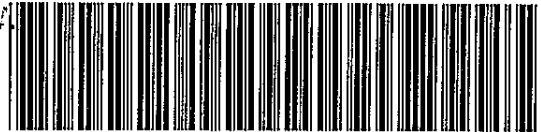
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/29/04--01016--005 \*\*125.00

Dear Division of Corps,

My name is Wade Heath Van Elswyck. I am owner and manager  
of Fit Animals, LLC. Any questions may be directed to 321-377-2264 &/or

Fit Animals  
23 alafaya woods blvd  
PMB 177  
Oviedo fl 32765

Enclosed with this letter is all my paperwork and a check.

Thxs-  
Wade heath van elswyck

**FILED**  
JUL 29 P 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fit Animals, LLC  
(Name of Limited Liability Company)

**FILED**  
2004 JUL 29 P 3:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wade Heath Van Elswyck  
(Name of Person)

Fit Animals, LLC  
(Firm/Company)

23 Alafaya Woods Blvd ,PMB 177  
(Address)

Oviedo Florida 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wade Heath Van Elswyck at ( 321 ) 377-2264  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Fit Animals, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

23 alafaya woods blvd

pmb 177

oviedo florida 32765

**Mailing Address:**

23 alafaya woods blvd

pmb 177

oviedo florida 32765

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

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

Wade Heath Van Elswyck

Name

1686 canton lane

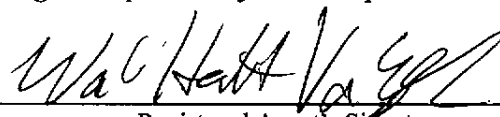
Florida street address (P.O. Box **NOT** acceptable)

Oviedo, FI

FLORIDA

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Wade Heath Van Elswyck

1686 canton lane

oviedo fl 32765

\_\_\_\_\_

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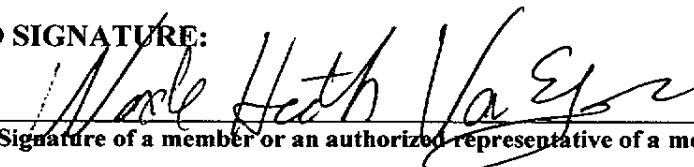
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

wade heath van elswyck

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)