## 104000091313

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(= ::		,
75-	cument Number)	
00)	cument Number)	
owe to be	O 1777 1	10.1
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



400043278014

12/10/04--01063--002 \*\*130.00



12-07-2004

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

To whom it may concern:

Please see attached Articles of Organization for a Florida Limited Liability Company.

Nu Image Personal Training, LLC.

Peter Maldonado 1201 10<sup>th</sup> Ave. North Naples, FL 34102

I can be reached anytime at (631)-767-4303

Thank You,

Peter Maldonado

2004 DEC 10 PM 2: 07
2004 DEC 10 PM 2: 07
2004 DEC 10 PM 2: 07

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: No Image Pers: (Name of Limited Li	ability Company)
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Peter Mula	the following:  by a do  e of Person)  Training LLC  Billowing:
(Name	e of Person)
Nu Image Per	rsonal Training, LLC.
1201 10th, Aue	North ddress)
Noples, FL (City/State	34(07 e and Zip Code)
For further information concerning this matter, please call:	
Reter Mulbaudo at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		THE TOTAL
Nu Image Personal	Training, LLC.	THE SECOND
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lial	oility Companyas;
Principal Office Address:	Mailing Address:	T. F.
1201 loth Ave. North Naples, FL 34102	Same	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's	Signature:
The name and the Florida street address of the re	egistered agent are:	
Peter Mald Name	lonado	, and there a
1301 10th Ave Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	- -
Naples City, State, as	FL 34102 nd Zip	er e gan
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register.	nis certificate, I hereby accept the L. I further agree to comply with t formance of my duties, and I am	appointment as the provisions of all familiar with and
Registered Agent's	Signature	4.5

(CONTINUED)

i <u>tle:</u> //GR" = Man: //GRM" = Ma	ager anaging Member	Name and Address:
MOR		Peter Maldonado 1201 loth Ave. North
	=	Naples, FL 34102
—		
	<del></del>	s
3 t = ±	e e e e e e e e e e e e e e e e e e e	
	nt if necessary)	be added if an effective date is reques
OTE: An ac	• •	be added if an effective date is reques
OTE: An ac	lditional article must	be added if an effective date is reques

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)