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DIVISION OF CORPORATIONS
TAIL AHASSEE, FLORIDA

WOY-47540



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 30, 2004

WILLIAM B. MAYS EQUILLIANCE, LLC 301 W. STATE ROAD 434, STE. 317 WINTER SPRINGS, FL 32708

SUBJECT: GET FOCUSED, LLC Ref. Number: W04000047540

We have received your document for GET FOCUSED, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$155.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 904A00072120

Joey Bryan Document Specialist PILED PH 1:49
2005 JAN 19 PH 1:49
DINALIGH CORPORATIONS
DINALIGH SEEE, FLORIDA

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Get Focuse	d. Li C		Q. E.
SOBJECT: Correction	(Name of Limited	Liability Company)	
	organization and fee(s) are sub		2005 JAN 19 PM 1: 49  DINIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA
William B.			- Longito
	(Na	ame of Person)	DES.
Equilliance, LLC			
	(F	irm/Company)	
301 W. State	Road 434, Ste. 317		
<del>.</del>		(Address)	
Winter	Springs, FL 32708	17: 0 1	
	(Chy/s	State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
William B. Mays		at ( 321 ) 348-0000	x475
	f Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for	the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio 409 E.	ET ADDRESS: ation Section n of Corporations Gaines Street ssee, Florida 32399	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection _ orporations 7

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Get Focused, LLC	2005 ·
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 W. State Road 434, ste. 317	301 W. State Road 434, ste. 317
Winter Springs, FL 32708	Winter Springs, FL 32708

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

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

**ARTICLE I - Name:** 

vviiiiam B. iv	ays	
	Name	
301 W. Sta	e Road 434, Ste. 317	
	Florida street address	(P.O. Box NOT acceptable)
Winter Spri	ngs, FL 32708 <sub>F</sub>	<u> </u>
	City, State, and 2	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

(CONTINUED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
William B. Mays, MGR	301 W. State Road 434, Ste. 317 Winter Springs, FL 32708
Timothy Mattingly, MGRM	301 W. State Road 434, Ste. 317 Winter Springs, FL 32708
·	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section	r an authorized representative of a member.  a 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
William B. Mays	.s · · · ·

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee