

W050000019972

00789-02595-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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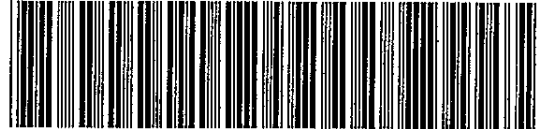
Special Instructions to Filing Officer:

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FLC

Office Use Only

W05-8395



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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wellness Works

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Heather Attong

(Name of Person)

Wellness Works

(Firm/Company)

16780 SW 78 Avenue

(Address)

Palmetto Bay, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Attong

(Name of Person)

at ( 786 ) 251-7786

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 17, 2005

HEATHER ATTONG  
WELLNESS WORKS  
16780 SW 78 AVENUE  
PALMETTO BAY, FL 33157

SUBJECT: WELLNESS WORKS  
Ref. Number: W05000008395

We have received your document for WELLNESS WORKS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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: 205A00011395

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Wellness Works Fitness Programs, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

16780 SW 78 Avenue, Palmetto Bay, FL 33157

#### Mailing Address:

SAME

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

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

Heather Attong

Name

16780 SW 78 Avenue

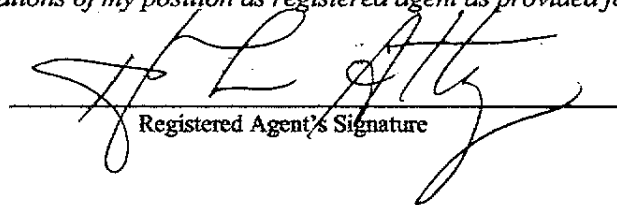
Florida street address (P.O. Box **NOT** acceptable)

Palmetto Bay, FL 33157

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.*

  
Registered Agent's Signature

(CONTINUED)

FILED  
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TALLAHASSEE, FL

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

Page 2 of 2