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# MARK J. ALBRECHTA

# ATTORNEY AT LAW

15824 Hampton Village Drive Tampa, Florida 33618-1654 Telephone (813) 265-4036 Fax No. (813) 269-7033 E-Mail: Malbrech@tampabay.rr.com

May 9, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

Proposed Organization of JoDe Ladies Health and Fitness, LLC

Office No.:

05-021

### Gentleperson:

I have enclosed the original and one (1) copy of the Articles of Organization for the abovenamed proposed Florida Limited Liability Company. I have also enclosed my firm's check in the amount of \$125.00 representing payment of the following:

Filing Fee for Application

\$100.00

Registered Agent Designation Fee

\$ 25.00

Please file the enclosed Articles and return an uncertified copy to the undersigned.

Thank you for your assistance in this matter.

Sincerely,

MARK J. ALBRECHTA

le Allhect to

Attorney-at-law

MJA/pra

Enclosure:

Article of Organization

Designation of Registered Agent

Check # 1031

cc:

Client



### ARTICLES OF ORGANIZATION

### **FOR**

### JODE LADIES HEALTH AND FITNESS, LLC

The undersigned as authorized member of a Limited Liability Company under the Florida Law, adopts the following Articles of Organization for such limited liability company:

### **ARTICLE I. NAME AND PRINCIPAL OFFICE**

The name of the Limited Liability Company is JODE LADIES HEALTH AND FITNESS, LLC The principal place of business is 2843 Torrance Drive, Land O' Lakes, FL 34638; the mailing address shall be:2843 Torrance Drive, Land O' Lakes, FL 34638.

### **ARTICLE II. DURATION**

This Limited Liability Company shall have perpetual existence, commencing upon filing of these Articles.

### **ARTICLE III. PURPOSE**

The general nature of the business to be transacted by the Limited Liability Company is to engage in any and all business permitted under the laws of the State of Florida.

## ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is: 13902 North Dale Mabry Hwy., Suite 229, Tampa, FL 33618, and the name of the initial registered agent of this Corporation at that address is: JOHN C. ROVI. This address is not the same as the mailing address of the corporation.

## **ARTICLE V. MANAGEMENT**

The Limited Liability Company will be managed by the members and is not a managermanaged company.

### **ARTICLE VI. ORGANIZER**

The names and addresses of the persons signing these Articles of Organization are: JOHN C. ROVI, who resides at, 2843 Torrance Drive, Land O' Lakes, FL 34638, and DEBRA J. CHAMPION, who resides at, 2843 Torrance Drive, Land O' Lakes, FL 34638.

	IN WITNESS WHEREOF, the undersigned has made and subscribed of the Articles of
	Organization at Tampa, Hillsborough County, Florida, on the 57 day of
	MAY, 20 US.
_	John C Ross Debra Champion
	JOHN C. ROVI DEBRA J. CHAMPJON ORGANIZER ORGANIZER
	STATE OF FLORIDA
	COUNTY OF HILLSBOROUGH
	BEFORE ME THE UNDERSIGNED AUTHORITY, personally appeared JOHN C. ROVI, who is to me well known to be the person described in and who subscribed the above Articles of Organization, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same of the uses and purposes therein mentioned and set forth.
	IN WITNESS WHEREOF, I have hereunto set my hand and my official seal at Tampa, Hillsborough County, Florida, this day of, 20_\(\begin{array}{c} \to \end{array}\).
	NOTARY PUBLIC  Name:  My Commission Expires;  My Commission No. Symptomission DD274904  Expires December 14, 2007
	STATE OF FLORIDA
	COUNTY OF HILLSBOROUGH
	BEFORE ME THE UNDERSIGNED AUTHORITY, personally appeared DEBRA J. CHAMPION, who is to me well known to be the person described in and who subscribed the above Articles of Organization, and she did freely and voluntarily acknowledge before me according to law that she made and subscribed the same of the uses and purposes therein mentioned and set forth.
	IN WITNESS WHEREOF, I have hereunto set my hand and my official seal at Tampa, Hillsborough County, Florida, this day of, 20
	NOTARY PUBLIC
	Name:
	My Commission Expires:
	My Commission No. Is: Frank J. Estrada My Commission D027490

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING THE REGISTERED AGENT UPON WHOM PROCESS MAY BE SERVED PURSUANT TO SECTION 608.415, FLORIDA STATUTES 2003.

Pursuant to Section 608.415, Florida Statutes, 2003, the following is submitted, in compliance with the Florida Limited Liability Company Act:

First - That JODE LADIES HEALTH AND FITNESS, LLC, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the city of Tampa, County of Hillsborough, State of Florida, has named JOHN C. ROVI located at 13902 North Dale Mabry Hwy., Suite 229, Tampa, FL 33618, as its registered agent to accept service of process within this State.

### **ACKNOWLEDGMENT:**

Having been named to accept service of process for the above-stated Limited Liability Company, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping said office open.

Registered Agent for

JODE LADIES HEALTH AND FITNESS, LLC

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Name:

My Commission Expires: Frank J. Estrada

My Commission No

Frank J. Estrada My Commission DD274904

Expires December 14, 2007