

LD5000081267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

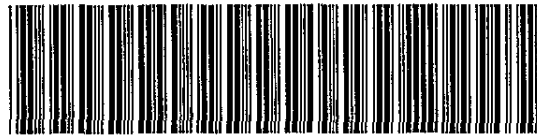
(Business Entity Name)

(Document Number)

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

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07/11/05--01045--006 \*\*78.75

08/09/05--01005--020 \*\*46.25

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 17 PM 3:12

N. Culligan AUG 17 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dynamics International  
(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:

Dawn C. Weise  
(Name of Person)

Yoga Heart Talk  
(Firm/Company)

Po Box 917707  
(Address)

Longwood, Florida 32791  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn C. Weise at (407) 332-8172  
(Name of Person) (Area Code & Daytime Telephone Number)  
328-439-2800 MP

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

78.75  
\$46.25

**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

August 10, 2005

DAWN C. WEISE  
PO BOX 917707  
LONGWOOD, FL 32791

SUBJECT: DYNAMICS INTERNATIONAL  
Ref. Number: W05000034049

We have received your document for DYNAMICS INTERNATIONAL and your check(s) totaling \$78.75. 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A Limited Liability Company has Managers or Managing Members.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 205A00046837

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

**ARTICLE I – NAME:**

The name of the Limited Liability Company is :

**DYNAMICS INTERNATIONAL, LLC**

**ARTICLE II – ADDRESS:**

PRINCIPLE OFFICE ADDRESS:

537 One Center Blvd.  
Altamonte Springs, Florida 32701

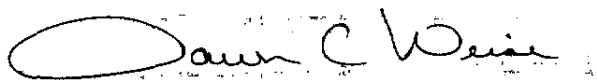
MAILING ADDRESS:

P.O. Box 917707  
Longwood, Florida 32791

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

Dawn C. Weise  
537 One Center Blvd.  
Altamonte Springs, Florida 32701

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 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

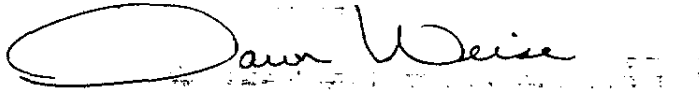
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**ARTICLE IV – MANAGER**

Name and Address:

Manager                      Dawn C. Weise  
                                     537 One Center Blvd.  
                                     Altamonte Springs, Florida 32701

**Required Signature:**

A handwritten signature in cursive script that reads "Dawn C. Weise". The signature is written in dark ink on a light background.

Signature of 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.)

Dawn C. Weise

**Name of signee**

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