

LD5000102049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

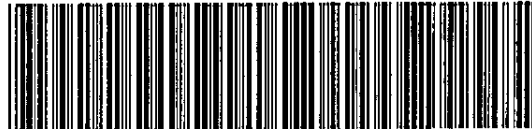
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100060564351

10/14/05--01024--025 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 14 PM 2:43

OCT 17 2005

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WINNERS With WELLness LLC  
(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:

PAULA BONNIE SALERNO

(Name of Person)

WINNERS With WELLness LLC

(Firm/Company)

2540 Carlisle Place

(Address)

Sarasota FL- 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Salerno

(Name of Person)

at ( 941 ) 927-8839

(Area Code & Daytime Telephone Number)

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)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Winners With Wellness LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

2540 Carlisle PL  
Sarasota, FL 34231

**Mailing Address:**

same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PAULA BONNIE SALERNO  
Name

2540 Carlisle PL  
Florida street address (P.O. Box **NOT** acceptable)

Sarasota FL 34231  
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.*

Paula Bonnie Salerno  
Registered Agent's Signature (REQUIRED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 14 PM 2:43

(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:**

MGR PAULA BONNIE SALERNO

2540 CARLISLE PL  
SARASOTA, FL 34231

ROBERT H. SALERNO  
MGRM

2540 CARLISLE PLACE  
SARASOTA, FL 34231

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10-13-2005 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Paula Bonnie Salerno

Signature of a 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.)

PAULA BONNIE SALERNO

Typed or printed name of signer

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 14 PM 2:43