

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850

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From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124 Fax Number : (305)675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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RETARY OF STATE
AHASSEE, PLORID

**Body Benefits LLC** 

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

**Body Benefits LLC** 

ADDRESS ARTICLE II

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

611 19th St. SW

Naples Florida 34117

REGISTERED AGENT, REGISTERED OFFICE & ARTICLE III

REGISTERED AGENT SIGNATURE

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

Carolyn Kollegger

611 19th St. SW

Naples Florida 34117

Having been named as registered agent 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. 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.,

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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**Body Benefits LLC** 

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Carolyn Kollegger

611 19th St. SW

Naples Florida 34117

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this adocument constitutes an affirmation under the penalties of perjury that the lacts stated herein are true.

Carolyn Kollegger

Typed or printed name of signee

SECRETARY OF STATE
DIVISION OF CORPORATIONS