L07000067381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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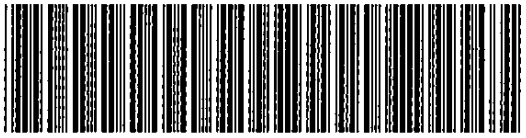

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Rejet
W07-28818

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 JUN 26 PM 1:46

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2007

MARVIN J RAPPAPORT
12500 CLASSIC DRIVE
CORAL SPRINGS, FL 33071

SUBJECT: FIT 4 HEALTH, LLC
Ref. Number: W07000028818

We have received your document for FIT 4 HEALTH, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 807A00040474

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fit 4 Health, 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:

Marvin J Rappaport
(Name of Person)

(Firm/Company)

12500 Classic Drive
(Address)

Coral Springs, Florida 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Marvin J Rappaport at (954) 755-1141
(Name of Person) (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:

Fit 4 Health, 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:	**Mailing Address:**
5200 N Federal Highway	5200 N Federal Highway
Suite # 7	Suite # 7
Fort Lauderdale, Florida 33308	Fort Lauderdale, Florida 33308

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:

Marvin J Rappaport
Name

12500 Classic Drive
Florida street address (P.O. Box **NOT** acceptable)

Coral Springs, FL 33071
City, State, and Zip

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DIVISION OF CORPORATIONS

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 (REQUIRED)

(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	Marvin J Rappaport 12500 Classic Drive Coral Springs, Florida 33071
MGR	Gerald H Rappaport, DC 3300 N Port Royale Drive, Apt. #235 Fort Lauderdale, Florida 33308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of Filing. (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:

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.)

Marvin J Rappaport
Typed or printed name of signee

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)