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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2007

ROBERT A. HOMMELL 360-6C SOUTH WAVERLY PLACE VERO BEACH, FL 32960

SUBJECT: FLORIDA VITALITY Ref. Number: W07000032653

We have received your document for FLORIDA VITALITY and your check(s) totaling \$130.00. 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 end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 207A00043907

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: Florida		d Liability Company)	<u>.</u>		
The er	nclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
	Robert A. H	lommell				
	11/1 2 20 200	()	Name of Person)			
	360 - 6c S	outh Waverly Place	Firm/Company)	SECR TALLAI	7007 J	
	000 000	outh waveny riad.	(Address)	HAS	L 2	
	Vero Beac	ch, FL. 32960		RY OF SEE, I	7 L?	
	* .		/State and Zip Code)	LOR VLS.	င်း	0
For fu	rther information	concerning this matter, please	call:	TE	12	
Rob	ert A. Homm	ell of Person)	at (772) 538-012 (Area Code & Daytime T		<u>)</u>	
Enclo	•	or the following amount:	,	•		
□ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Certificate of Certified Conditional condition	of Statu	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Florida Vitality LLC	3	•	
		any, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
		, , , , , ,	
ARTICLE II - Add			
The mailing address	and street address	of the principal office of the Limited Liability Com	ipany
Principal Office Ad	ldress:	Mailing Address:	
360-6c South Waverly P	lace	360-6c South Waverly Place	
Vero Beach, FL. 32960		Vero Beach, FL. 32960	
ARTICLE III - Reg (The Limited Liability Con business entity with an act	npany cannot serve as its	. α _. ν	:
(The Limited Liability Con business entity with an acc	npany cannot serve as its tive Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another as of the registered agent are:	
(The Limited Liability Conbusiness entity with an action of the Fluid Conbuston of the Flui	npany cannot serve as its tive Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another ASSET S of the registered agent are:	
(The Limited Liability Conbusiness entity with an action of the Fluid Conbuston of the Flui	npany cannot serve as its tive Florida registration.) orida street addres	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another as of the registered agent are:	
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(The Limited Liability Conbusiness entity with an action of the Florian Conbustors) The name and the Florian conbustors in the Florian conbustors i	npany cannot serve as its tive Florida registration.) orida street addres Robert A. Hommell 360-6c South Wav	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another a soft the registered agent are: Name Name	
(The Limited Liability Conbusiness entity with an action of the name and the Fl	npany cannot serve as its tive Florida registration.) orida street addres Robert A. Hommell 360-6c South Wav	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another as of the registered agent are: Name erly Place	

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 Agen's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Robert Hommell 360-6c South Waverly Place Vero Beach, FL., 32960 MGRM Deborah C. Hommeil 360-6c South Waverly Place Vero Beach, FL., 32960 **MGRM** Robert L. Teta 360-6d South Waverly Place Vero Beach, Ft., 32960 MGRM Barbara B. Teta 360-6d South Waverly Place Vero Beach, FL., 32960 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the 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,)

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)