

LO70000090492

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

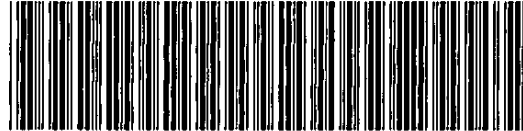
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TALLAHASSEE, FLORIDA

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07 SEP -4 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HENRY, BUCHANAN, HUDSON, SUBER & CARTER, P.A.

ATTORNEYS AT LAW

ESTABLISHED 1974

2508 BARRINGTON CIRCLE
TALLAHASSEE, FLORIDA 32308

MAILING ADDRESS:

POST OFFICE BOX 14079
TALLAHASSEE, FLORIDA 32317-4079

TELEPHONE (850) 222-2920

FACSIMILE (850) 224-0034

BRYAN W. HENRY (1925-1986)
JOHN D. BUCHANAN, JR.
J. STEVEN CARTER*
LAURA BETH FARAGASSO
EDWIN R. HUDSON
J. DAVID MARSEY
E. VICTORIA PENNY
CARRIE MENDRICK ROANE
JESSE F. SUBER*

*BOARD CERTIFIED CIVIL TRIAL LAWYER

September 4, 2007

VIA HAND DELIVERY

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FILED
07 SEP -4 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Articles of Organization;
Next Level Nutrition, LLC

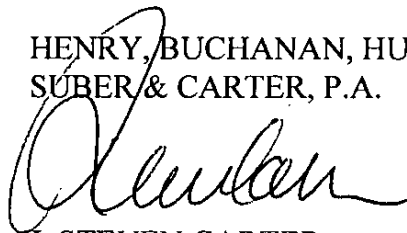
To Whom It May Concern:

Enclosed are an original and one (1) copy of the Articles of Organization for Next Level Nutrition, LLC, as well as a check in the amount of **\$160.00**, to cover the filing fee, the fee for a certified copy of the articles and a certificate of status. A stamped, self-addressed envelope is provided for your use in returning the certified copy and the certificate of status to me.

Thank you for your assistance in this matter.

Sincerely,

HENRY, BUCHANAN, HUDSON,
SUBER & CARTER, P.A.



J. STEVEN CARTER
For the Firm

cc: Mr. Adam Faurot

Enclosures

**ARTICLES OF ORGANIZATION
FOR
NEXT LEVEL NUTRITION, LLC
(a Florida Limited Liability Company)**

ARTICLE I – Name:

The name of the limited liability company is:

NEXT LEVEL NUTRITION, LLC

ARTICLE II – Address:

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

Principal Office Address:

**1425 Village Square Boulevard
Tallahassee, Florida 32312**

Mailing Address:

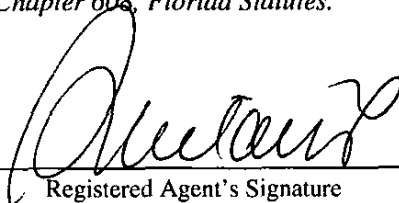
**Post Office Box 12339
Tallahassee, Florida 32317**

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

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

**J. Steven Carter
Henry, Buchanan, Hudson, Suber & Carter, P.A.
2508 Barrington Circle
Tallahassee, Florida 32308**

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, Florida Statutes.



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

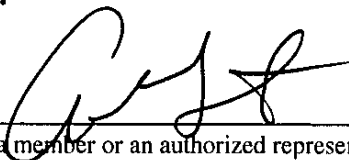
Title:

Name and Address:

MGRM

**Titus Sports Academy, LLC
1425 Village Square Boulevard
Tallahassee, Florida 32312**

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.)

ADAM FAUROT
Typed or printed name of signee