

L07000111588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

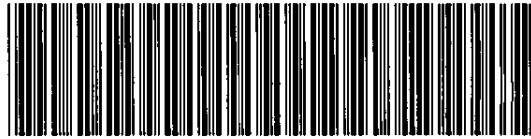
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV -5 AM 11:00

107-52194

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Team Vitality 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:

**Frank Nikischer**

(Name of Person)

(Firm/Company)

**8875 Hidden River Parkway, Suite 300**

(Address)

**Tampa, FL 33637**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Frank Nikischer**

(Name of Person)

at ( **813** ) **975-7440**

(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

8875 Hidden River Parkway  
Suite 300  
Tampa, FL 33637  
(813) 975-7440

October 9, 2007

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

Re: Articles of Organization


To Whom It May Concern:

Please accept the enclosed application and check to form a Florida Limited Liability Corporation. Thank you for your assistance.

Sincerely,



Susan Blakley



Frank Nikischer



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2007

FRANK NIKISCHER  
8875 HIDDEN RIVER PKWY  
STE 300  
TAMPA, FL 33637

SUBJECT: TEAM VITALITY LLC  
Ref. Number: W07000052191

We have received your document for TEAM VITALITY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 207A00061959

RECEIVED  
07 NOV -5 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Team Vitality LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

8875 Hidden River Parkway

Suite 300

Tampa, FL 33637

#### Mailing Address:

8875 Hidden River Parkway

Suite 300

Tampa, FL 33637

### 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:

Deborah Siniawski

Name

2627 Twelve Point Drive

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

Lakeland

FL

33811

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS  
07 NOV -5 AM 11:00

**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

Frank Nikischer

7220 San Carlos Drive

Port Richey, FL 34668

MGR

Susan Blakley

5527 Flamingo Drive

Lakeland, FL 33809

(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.)

Frank Nikischer

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)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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