

LD8000021640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

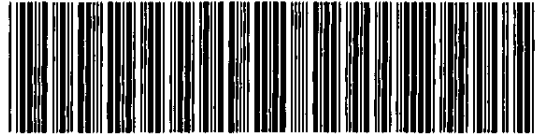
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/08--01029--016 **160.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAMES P. LA RUSSA
ATTORNEY AT LAW

3314 HENDERSON BOULEVARD
SUITE 102
TAMPA, FLORIDA 33609

AREA CODE 813
PHONE: 871-1289
FAX: 871-1305
jlarussa@tampabay.rr.com

February 26, 2008

**Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314**

**RE: Fitness Experience LLC
Articles of Organization**

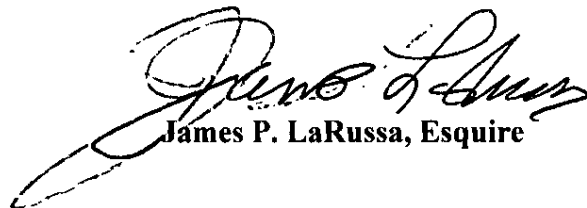
Dear Sir/Madam:

Enclosed please find the **Articles of Organization** regarding the above-referenced business. Also enclosed is a check in the amount of **One Hundred Sixty Dollars & No Cents (\$160.00)** which represents the **filing fee**.

Please return all correspondence concerning this matter to me at the above address.

If you need any additional documents or information, please do not hesitate to contact me.

Sincerely,



James P. LaRussa, Esquire

JPL:ca

Enclosures

cc: Ms. Donna Mewhirter

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: **FITNESS EXPERIENCE LLC**

ARTICLE II - ADDRESS

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

**Principal Office Address: 19010 Gulf Boulevard, Unit 103
Indian Shores, Florida 33785**

**Mailing Address: 19010 Gulf Boulevard, Unit 103
Indian Shores, Florida 33785**

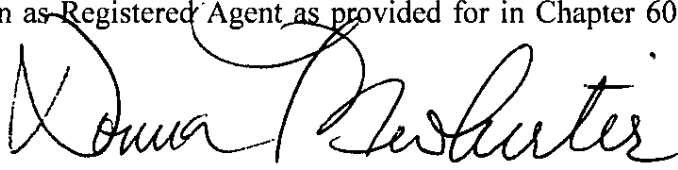
**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE**

The name, and the Florida street address, of the registered agent is:

**Name: Donna Mewhirter
Florida Street Address: 19010 Gulf Boulevard, Unit 103
Indian Shores, Florida 33785**

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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.



**DONNA MEWHIRTER
Registered Agent**

ARTICLE IV - MANAGER OR MANAGING MEMBER

The name and address of the Manager/Managing Member is as follows:

TITLE

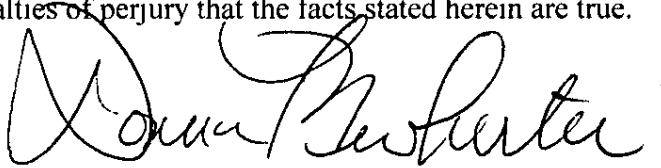
NAME & ADDRESS

Manager/Managing Member

**Donna Mewhirter
19010 Gulf Boulevard, Unit 103
Indian Shores, Florida 33785**

**ARTICLE V - EFFECTIVE DATE
DATE OF FILING**

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.



**DONNA MEWHIRTER
Manager/Managing Member**

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