

L08000033369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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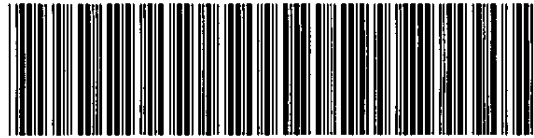
(Business Entity Name)

(Document Number)

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

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**EFFECTIVE DATE**  
3/28/08

**FILED**  
08 APR - 1 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outagamie APR 2 - 2008

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** J & S CORE FITNESS 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:

JOSHUA D YODER  
(Name of Person)  
J & S CORE FITNESS  
804 NEW HAMPSHIRE  
(Firm/Company)

\_\_\_\_\_  
(Address)  
WILDWOOD FL 34785  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSHUA D. YODER at ( 352 ) 427-3918  
(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:

J & S CORE FITNESS 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:

804 NEW HAMPSHIRE  
WILLOWOOD FL 34785

#### Mailing Address:

804 NEW HAMPSHIRE  
WILLOWOOD FL  
34785

### 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:

DEAN JOHNSON  
Name

6143 SE 127TH PL.  
Florida street address (P.O. Box NOT acceptable)

BELLAVILLE FL 34420  
City, State, and Zip

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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, F.S.*

[Signature]  
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:**

MGRM

JOSHUA D. YODER

804 NEW HAMPSHIRE  
WILDWOOD FL 34785

MGRM

SUMMER C. YODER

804 NEW HAMPSHIRE  
WILDWOOD FL 34785

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/28/08. (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:**

Joshua D. Yoder

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.)

Joshua D. Yoder

Typed or printed name of signee

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**08 APR -1 PM 12:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**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)**