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(Requestor's Name) (Address) (Address)	400157026534
(City/State/Zip/Phone #) . PICK-UP WAIT MAIL	06/12/0901042017 **125.08
(Business Entity Name) (Document Number)	- 110 - 10 - 10 - 10 - 10 - 10 - 10 - 1
Certified Copies Certificates of Status	SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JUN 12 AMII: 36

Office Use Only

T. HAMPTON

JUN 1 5 2009

EXAMINER

COVER LETTER

•	of Corporations		
SUBJECT:	W	VORKOUT, LLC	
		ted Liability Company	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this mat	tter to the following:	
	HAY	/WOOD M. BALL	
		Name of Person	
	DONAHOO, I	BALL & McMENAMY, P.A.	
		Firm/Company	
	50 N. Lau	ura Street, Suite 2925	
<u> </u>		Address	
	Jackso	onville, Florida 32202	
		ity/State and Zip Code	
	HBall	@donahooball.com	
Fan Carthan in Comme		for future annual report notification)	
For further informa	tion concerning this matter, pleas	æ caii:	
	aywood M. Ball	at (904) 354-8080	
N	ame of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:		
	ee \$\sums\$\frac{1}{30.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is encounted to the company of the comp	us &
	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	

LAW OFFICES

DONAHOO, BALL & McMENAMY, P.A.

50 NORTH LAURA STREET, SUITE 2925

JACKSONVILLE, FLORIDA 32202

www.donahooball.com

THOMAS M. DONAHOO*
HAYWOOD M. BALL
WILLIAM B. McMENAMY*
THOMAS M. DONAHOO, JR.
EMILY K. DILLOW

(904) 354-8080

FAX: (904) 791-9563

*BOARD CERTIFIED TAX LAWYER

JOHN W. DONAHOO (1907-1993)

June 9, 2009

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

RE: Our Reference No.: 1224.005

Bisbee-Baldwin Corporation

Workout, LLC

To Whom It May Concern:

Enclosed please find Articles of Organization, in duplicate, for the above referenced limited liability company, and our check in the amount of \$125.00 for the filing fee. Please be good enough to file the Articles and provide the undersigned confirmation of the filing.

Your cooperation and prompt attention will be appreciated.

Yours very truly,

Jayann M. Bau

Haywood M. Ball

HMB/jmh Enclosures

cc: Ronald L. Langley

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FU		COMPL	•
ARTICLE I - Name:			
The name of the Limited Liability Compa	any is:		
WORK	OUT, LLC		
	d Liability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address:			,
The mailing address and street address of	the principal office of the Limited Liabili	ity Compan	y is:
Principal Office Address:	Mailing Address:		
341 W. Forsyth Street	P. O. Box 1050		
Jacksonville, Florida 32202	Jacksonville, Florida 32201		
Rona	ld L. Langley Name		
341 W.	Forsyth Street		
	ss (P.O. Box <u>NOT</u> acceptable)		•
Jacksonville, FL 3			
City, S	State, and Zip		
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl	nd to accept service of process for the above ed in this certificate, I hereby accept the ap apacity. I further agree to comply with the lete performance of my duties, and I am far as registered agent as provided for in Chap	pointment a provisions o niliar with a	s of all ind
R L	L la	09	S
Registered Agent's	Signature (REQUIRED)		SION I
	ľ		₽₽

(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:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Bisbee-Baldwin Corporation 341 W. Forsyth Street		
	Jacksonville, Florida 32202		
		<u> </u>	
		<u> </u>	
		_	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than th	ne date of filing: (OP	TIONAL)	
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five busin	ess days prior	
REQUIRED SIGNATURE: Signature of a memi	ber or an authorized representative of a member.		
(In accordance with s of this document cor that the facts stated h	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury serein are true.)		
	nald L. Langley, President		
Filing Fees:	NET C. British milita of arbitan	_ 😊	
\$125.00 Filing Fee for Articles of Org	vanization and Designation	99	

of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)