

L100000060/36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JUN -4 2010

EXAMINER

Office Use Only



300181605793

06/03/10--01013--019 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -3 PM 2:40

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To Whom It May Concern, My name is James Payne and I am a (MGRM) of Fitness and Fiscal Prosperity, LLC. According to your records Doc. # L08000010758 has been inactive and admin dissolution for registered agent as of August 20, 2009. I would like to activate Fitness and Fiscal Prosperity keeping the same name as of June 1, 2010. My business partners Scott Sidell (MGRM) and Brenda Eilers registered agent are no longer living in Florida and want nothing to do with the business. I am asking to resolve this matter and please activate my business as quickly as you can. I will do whatever you ask, I was not aware that the business was being mismanaged and would like to correct any wrong doings. I have enclosed a filing fee of \$125.00 and will make any corrections deemed necessary. Thank you in advance.

James Payne

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fitness and Fiscal Prosperity
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:

James Payne
Name of Person

Fitness and Fiscal Prosperity
Firm/Company

4615 Cronin Dr
Address

Sarasota, FL 34232
City/State and Zip Code

legacyads @ comcast .net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

James Payne at (941) 921-6433
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:

Fitness and Fiscal Prosperity 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:

4615 Cronin Dr
Sarasota, FL 34232

Mailing Address:

4615 Cronin Dr
Sarasota, FL 34232

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:

James Payne

Name

4615 Cronin Dr

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

Sarasota

FL

34232

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.

James Payne

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

James Payne
4615 Cronin Dr
Sarasota, FL 34232

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RECEIVED
TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

FILED

(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:

James Payne

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.)

James Payne

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)