

L10000072437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

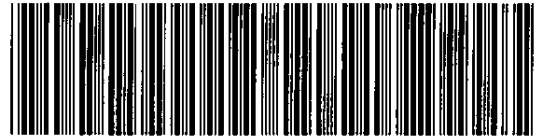
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

EXPIRES DATE 7/4/10



600182934506

07/08/10--01026--001 \*\*125.00

07/08/10--01026--002 \*\*5.00

FILED  
10 JUL -8 PM 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUL 09 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BUILDING A BETTER YOU, L.L.C.  
(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:

KATHY BEVERLY HALL  
(Name of Person)

BUILDING A BETTER YOU, L.L.C.  
(Firm/Company)

3919 SEABRIDGE DRIVE  
(Address)

ORLANDO FLORIDA 32839  
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY B. HALL at ( 407 ) 370-5756  
(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)
- + \$5 M/O POST-OFFICE

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:

BUILDING A BETTER YOU, L.L.C.

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

3919 SEABRIDGE DRIVE  
ORLANDO, FLORIDA 32839

**Mailing Address:**

3919 SEABRIDGE DRIVE  
ORLANDO, FLORIDA 32839

**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:

FAYOIA ARMSTEAD  
Name

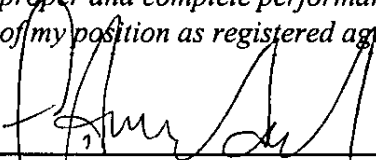
3919 SEABRIDGE DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO, FL. 32839  
City, State, and Zip

10 JUL -8 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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..*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 7/4/10

**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:**

MANAGER

KATHY B. HALL - MEDICAL BILLING & CODING  
CHIEF EXECUTIVE OFFICER OF OPERATIONS

3919 SEABRIDGE DRIVE  
ORLANDO, FL. 32839

MGRM

GLORIA SIMMONS  
4336 JUDY ANN COURT  
ORLANDO, FLORIDA 32808

MGRM

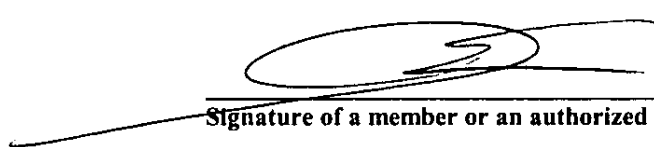
RHONDA S. ROANE  
4801 FIGWOOD LANE COURT  
ORLANDO FLORIDA 32808

~~32792-4407~~

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 4, 2010 (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.)

KATHY B. HALL  
Typed or printed name of signee

SECRETARY OF STATE  
MILLIE W. HANSEN, FLORIDA  
10 JUL - 8 PM 11:35  
FILED

**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)