

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LESLIE ROBERT EVANS & ASSOCIATES, P.A.
Account Number : 105260003565
Phone : (561) 832-8288
Fax Number : (561) 832-5722

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jeffrey.scott@leememorial.org

FLORIDA LIMITED LIABILITY CO.
FITNESS DOC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
10 JUL -9 PM 12:25
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TALLAHASSEE, FLORIDA

FILED
10 JUL -9 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

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JUL 12 2010

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of this Limited Liability Company is: Fitness Doc, LLC

ARTICLE II – Address:

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

Principal Office Address:

15610 Queensferry Drive
Fort Myers, FL 33912

Mailing Address:

15610 Queensferry Drive
Fort Myers, FL 33912

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 Florida street address of the registered agent is:

Jeffrey Scott
15610 Queensferry Drive
Fort Myers, FL 33912

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 in Chapter 608, Florida Statutes.



Jeffrey Scott
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV – Manger(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

Jeffrey Scott
15610 Queensferry Drive
Fort Myers, FL 33912

MGR

Jeffrey Scott
15610 Queensferry Drive
Fort Myers, FL 33912

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:

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 and affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey Scott

Typed or printed name of signee