L10000094565

(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



800184113998

SOFFICIENCY OF FILING
TO VCKNOWLEDGE
TO VCKNOWLEDGE
TO VCKNOWLEDGE

DEPARTMENT OF STATE OF COMPORATIONS

B. KOHR

SEP - 9 2010

EXAMINER

DIVISION OF CORPORATIONS

10 SEP -9 PM 3-95

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09-09-10

NAME:

FITTODO LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY ipany is: Fittodo, LLC nited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE I - Name:	Sto Carlo
The name of the Limited Liability Com	ipany is:
	3
. F	Fittodo, LLC
	nited Llability Company, "L.L.C.," or "I.I.C.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5575 Highway A1A South	5575 Highway A1A South
Melbourna Beach, Florida 32951	Melbourne Beach, Florida 32951
The name and the Florida street address. Elisa	a A. Nissinoff
	Name
5575 Hi	ghway A1A South
Florida	a street address (P.O. Box NOT acceptable)
Melbourne Bead	ch FL 32951
	City, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S
- February	no Signature (REQUIRICA)

(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:

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:
MGR	-	Elisa A. Nissinoff 5575 Highway A1A South
		Melbourne Roech, Florida 32951
MEMBER		Randy S. Nissinoff
	:	5575 Highway A1A South
	: : :	Melbourne Beach, Florida 32951
	_	
	ted, the date must be	atc of filing: (OPTIONAL) specific and cannot be more than five business days prior
<u>reoutred</u> sig	GNATURE:	
•	Signature of a member	or an authorized representative of a member.
	(In accordance with section of this document constituted that the facts stated herei	ion 608.408(3), Plorida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)
	· Type	Elisa A. Nissinoff ed 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)