

L10000094911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

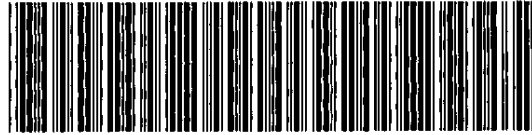
(Business Entity Name)

(Document Number)

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

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200173552702

09/10/10--01007--015 \*\*125.00

EFFECTIVE DATE

9/11/10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 29 PM 1:38

FILED

N. Culligan SEP 10 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Orlando Wellness Coach LLC**

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:

Lorraine Breiner

Name of Person

Orlando Wellness Coach LLC

Firm/Company

322 E. Central Blvd # 1612

Address

Orlando FL 32801

City/State and Zip Code

lofitness@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Breiner

Name of Person

at ( 407 ) 257-7514

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2010

LORRAINE BREINER  
322 E. CENTRAL BLVD., #1612  
ORLANDO, FL 32801

SUBJECT: ORLANDO WELLNESS COACH LLC  
Ref. Number: W10000027683

We have received your document for ORLANDO WELLNESS COACH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 410A00014272

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Orlando Wellness Coach 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:

322 E. Central Blvd.

# 1612

Orlando FL 32801

#### Mailing Address:

322 E. Central Blvd.

# 1612

Orlando FL 32801

### 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:

Lorraine Breiner

Name

322 E. Central Blvd. # 1612

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

Orlando

FL 32801

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

Lorraine Breiner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Lorraine Breiner

322 E. Central Blvd. # 1612

Orlando FL 32801

MGRM

Scott Gierum

322 E. Central Blvd. # 1612

Orlando FL 32801

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/01/2010 9/1/2010 (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.)

Lorraine Breiner

Typed or printed name of signee

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10 SEP 4 9 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**