

L11000 018796

(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



300193956793

02/14/11--01005--011 \*\*125.00

RECEIVED  
11 FEB 14 AM 9:30  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 FEB 14 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

FEB 14 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: stretching your life  
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:

Kimberly Orthoff

Name of Person

Kim Orthoff Therapy

Firm/Company

1353 E Lafayette St, Suite A

Address

Tallahassee, FL 32301

City/State and Zip Code

Kimorthoff@mac.com

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

For further information concerning this matter, please call:

Dana Dowling

Name of Person

at ( 850 ) 528-1945

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

1353 E Lafayette St, Suite A • Tallahassee, Florida 32301 • Phone: 850-877-1202 • 850-509-6643 (mobile)

kimortloff@mac.com

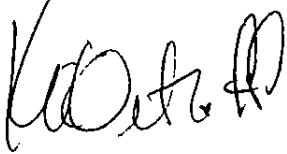
February 14, 2011

Florida Dept of State  
Division of Corporations

To whom It May Concern:

Kim Orloff, 1353 E Lafayette St, Suite A, Tallahassee, FL 32301 daytime number of 850-509-6643 and Dana Dowling, 3437 Paces Ferry, Tallahassee, FL 32309 daytime number 850-528-1945, are submitting this letter along with the articles of organization for a LLC in the state of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Orloff", with a stylized flourish at the end.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

stretching Your Life, 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:

1353 E Lafayette St, Suite A  
Tallahassee, FL 32301

#### Mailing Address:

1353 E Lafayette St, Suite A  
Tallahassee, FL 32301

### 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:

Kimberly Orloff

Name

1353 E Lafayette St, Suite A

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

Tallahassee FL 32301

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..*

Kimberly Orloff

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
11 FEB 14 AM 9:35  
SECRETARY OF STATE  
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

Dana Dowling  
3437 Paces Ferry Rd  
Tallahassee FL 32309

MGRM

Kim Orloff  
1353 E Lafayette St Suite A  
Tallahassee FL 32301

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/14/2011. (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:**

Kimberly Orloff  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kimberly Orloff  
Typed or printed name of signer

**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)

**FILED**  
11 FEB 14 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA