

L110000 26788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

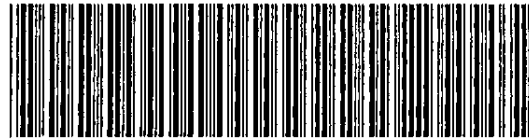
Special Instructions to Filing Officer:

**A. LUNT**

MAR -3 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 10 Reps Training Studio, 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:

Debra A. Niles  
Name of Person

10 Reps Training Studio, LLC  
Firm/Company

3960 Emerald Estates Cr  
Address

Apopka, FL 32703  
City/State and Zip Code

nilesdebbie@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Niles at ( 407 ) 466-0224  
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)

**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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 – Name:**

The name of the Limited Liability Company is:

**10 REPS TRAINING STUDIO, LLC**

**ARTICLE II – Address:**

Principal Office Address:

**2779 Apopka Blvd. Apopka, FL 32703**

Mailing Address:

**3960 Emerald Estates Cr. Apopka, FL 32703**

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

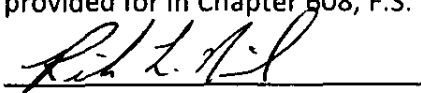
The name and the Florida street address of the registered agent are:

**Richard L. Niles**

**3960 Emerald Estates Cr.**

**Apopka, FL 32703**

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.



Richard L. Niles

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**ARTICLE IV – Managers or Managing Member(s):**

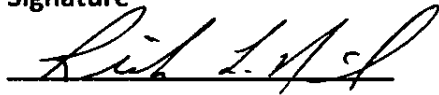
Title	Name & Address
MGRM	Richard L. Niles 3960 Emerald Estates Cr. Apopka, FL 32703

MGRM	Debra A. Niles 3960 Emerald Estates Cr. Apopka, FL 32703
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**Article V:**

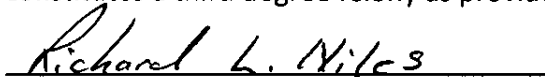
**Effective date shall be the date of filing.**

**Signature**



Signature of a member or 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 s817.155, F.S.)



Typed or printed name of signee

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