

L110000048716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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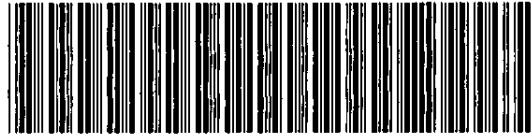
(Business Entity Name)

(Document Number)

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DEPT. TREAS. & STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 4/18/2011

B. KOHR

APR 26 2011

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 25 AM 8:26

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aphelion, 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:

Connie H. Shivers, C.P.

Name of Person

Person Law Firm, P.A.

Firm/Company

EFFECTIVE DATE

4/18/2011

1435 East Piedmont Drive, Suite 101

Address

Tallahassee, Florida 32308

City/State and Zip Code

bodytracfitness@hotmail.com

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

For further information concerning this matter, please call:

Connie H. Shivers, C.P.

Name of Person

at ( 850 ) 561-8000

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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DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION**

**APHELION, LLC**

**A LIMITED LIABILITY COMPANY**

(Pursuant to Chapter 608, Florida Statutes)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 25 AM 8:27

1. **Name.** The name of the limited liability company is:

APHELION, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

3916 Leane Drive  
Tallahassee, Florida 32309

4. **Mailing Address.** The mailing address of the limited liability company is:

3916 Leane Drive  
Tallahassee, Florida 32309

5. **Members at Time of Formation.** The name of each member at the time of formation:

Pamela Weber  
3916 Leane Drive  
Tallahassee, FL 32309

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the managing member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

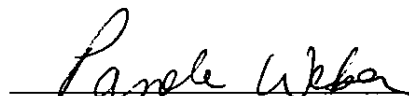
Pamela Weber  
3916 Leane Drive  
Tallahassee, Florida 32309

*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.*

  
PAMELA WEBER

9. **Effective Date.** The effective date of the limited liability company shall be:

April 18, 2011

  
PAMELA WEBER  
Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)