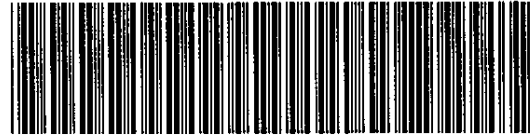


L110000078689



400209108954

06/23/11--01007--022 \*\*130.00

FILED  
11 JUL -7 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 08 2011

EXAMINER

(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:

WS11000034107

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2011

BRADLEY R. MCNEFF  
29643 BIRDS EYE DRIVE  
WESLEY CHAPEL, FL 33543

SUBJECT: RELENTLESS NUTRITION, LLC  
Ref. Number: W11000034107

FILED  
11 JUL -7 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RELENTLESS NUTRITION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 23, 2011. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 611A00015342

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Relentless Nutrition, 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:

**Bradley R. McNeff**  
Name of Person

**Relentless Nutrition, LLC.**  
Firm/Company

**29643 Birds Eye Drive**  
Address

**Wesley Chapel, FL 33543**  
City/State and Zip Code

**bradlmt@gmail.com**  
E-mail address: (to be used for future annual report notification)

FILED  
11 JUL -7 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Bradley McNeff** at ( **813** ) **778-7546**  
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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Relentless Nutrition, 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:**

29643 Birds Eye Drive  
Wesley Chapel, FL 33543

**Mailing Address:**

29643 Birds Eye Drive  
Wesley Chapel, FL 33543

**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:

Karyn Glubis  
Name

20617 Whitewood Way  
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33647  
City, State, and Zip

FILED  
11 JUL -7 AM 9:20  
SECRETARY OF STATE  
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..*

Karyn A. Glubis  
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

Bradley McNeff

29643 Birds Eye Drive

Wesley Chapel, FL 33543

MGRM

Betty McNeff

29643 Birds Eye Drive

Wesley Chapel, FL 33543

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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. 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, P.S.)

**Bradley R. McNeff**

Typed 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)

FILED  
11 JUL -7 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA