

L12UUUU15908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

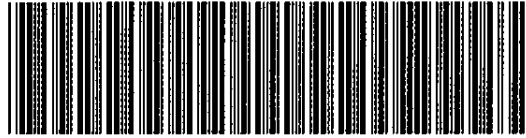
Special Instructions to Filing Officer:

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B. KOHR

FEB - 2 2012

EXAMINER



200219355702

02/01/12--01026--005 **125.00

EFFECTIVE DATE

1/28/2012

12 FEB - 1 PM 1:49

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BODY ALIGN, LIMITED LIABILITY COMPANY
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:

EFFECTIVE DATE 1/28/2012

JACK GOEBEL

Name of Person

PREMIER LAND CORP.

Firm/Company

9770 BAYMEADOWS ROAD, SUITE #141

Address

JACKSONVILLE, FLORIDA 32256-7986

City/State and Zip Code

PRELANCORP@aol.com

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

For further information concerning this matter, please call:

JACK GOEBEL

Name of Person

at

904 565-9614
904 207-7706

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

EFFECTIVE DATE 1/28/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Body ALIGN, Limited Liability Company
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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DIVISION OF CORPORATIONS
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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Body ALIGN, LLC
9770 OLD BAYMEADOWS RD, STE. 141
JACKSONVILLE, FL 32256-7986

Body ALIGN, LLC
P.O. BOX 710668
TALLAHASSEE, FL 32311-0668

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:

TALK GOEBEL
Name

9770 OLD BAYMEADOWS ROAD, Suite #141
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32256-7986
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.

[Signature]
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

MGRM

MGRM

MGRM

Name and Address:

PAUL A. SCHNEIDER
1301 S. BIG BEND BLVD, P.O. B. 9167
RICHMOND HEIGHTS, MO 63117

STEVE F. LEPKOWSKI
2296 CHAMBERNO DRIVE
VIRGINIA BEACH, VA 23456

ROBERT J. GOEBEL
P.O. BOX 770668
DCALD, FL 34477-0668

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, February 28, 2012 (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, F.S.)

JACK GOEBEL

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)