

L12VVUU43745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

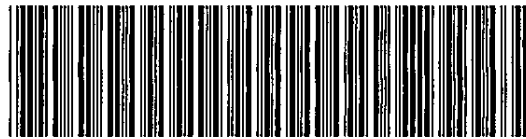
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MAR 30 2012

EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 28 AM 8:52

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BIGHT BODY ALIGN, 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:

TACK GOEBEL  
Name of Person  
BODY ALIGN, LLC  
Firm/Company  
9770 OLD BAYMEADOWS RD., Suite #141  
Address  
JACKSONVILLE, FL 32256-7986  
City/State and Zip Code  
BODYALIGNLLC@AOL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

TACK GOEBEL at 904 565-9614  
Name of Person & Daytime Telephone Number

Enclosed is a check for the follow

☐ \$125.00 Filing Fee ☒ \$130.00  
Ce

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

J  
I  
L  
P.  
Ta

3/23  
Good Morning,  
Please make  
Certificate of Status &  
all correspondence  
to Registration Agents  
loan city  
Thank you  
much

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BIGHT BODY ALIGN, LIMITED LIABILITY COMPANY  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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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:**

DANIEL J. LEPKOWSKI,  
2216 SOUTH PASTURES LANE  
VIRGINIA BEACH, VA 23456

**Mailing Address:**

BIGHT BODY ALIGN, LLC  
P.O. BOX 770668  
Orlando, FL 32877-0668

**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:

JACK GOEBEL  
Name

9770 OLD BAY MEADOWS RD, 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

**Name and Address:**

MGRM

DANIEL T. LEPKOWSKI  
2216 SOUTH PASTORES LANE  
VIRGINIA BEACH, VA 23456

\_\_\_\_\_  
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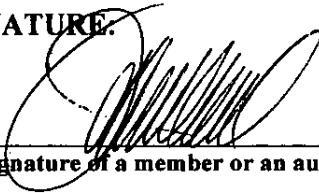
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 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)**