

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

BRETT J DONNELLY
101 S EOLA DR #619
ORLANDO, FL 32801

MGRM

BLAKE C LYNCH
324 MEADOW BEAUTY TERRACE
SANFORD, FL 32771

(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, F.S.)

BLAKE C LYNCH

Typed or printed name of signer

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)

Page 2 of 2

L12000061434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



100227475611

04/10/12--01021--002 **130.00

FILED
12 MAY - 3 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAY 7 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2012

RYAN OMAN
20465 QUINLAN ST.
ORLANDO, FL 32833

SUBJECT: CONSCIOUSLY FIT, LLC
Ref. Number: W12000020322

We have received your document for CONSCIOUSLY FIT, 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):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 512A00011559

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consciously Fit, 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:

Ryan Oman

Name of Person

Firm/Company

20465 Quinlan St.

Address

Orlando, FL, 32833

City/State and Zip Code

ryanmichaeloman@gmail.com

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

For further information concerning this matter, please call:

Ryan Oman

Name of Person

at 407

230-7797

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:

Consciously Fit, 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:

20465 Quinlan St.
Orlando, FL, 32833

Mailing Address:

20465 Quinlan St.
Orlando, FL, 32833

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:

Ryan Oman

Name

20465 Quinlan St.

Florida street address (P.O. Box NOT acceptable)

Orlando

FL 32833

City, State, and Zip

FILED
12 MAY - 3 PM 3:42
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:

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"MGRM" = Managing Member

Name and Address:

MGRM

RYAN OMAN

20465 Quinlan St.

Orlando, FL, 32833

MGRM

NICOLE OMAN

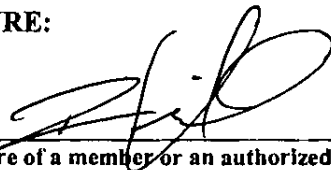
20465 Quinlan St.

Orlando, FL, 32833

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RYAN OMAN

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