L12000097271

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | · |
| | | |
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| | | |

Office Use Only



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07/09/12--01040--018 **150.00

Effective Date 7/19/12

12 JUL 26 PH 2: 26

SECRETARY OF STATE



JUL 27 2012 T. HAMPTON

COVER LETTER

| | Corporations | | |
|-------------------------|---|---|---|
| SUBJECT: | W Fitness S | tudio Health & Wellness Center | l |
| | | | |
| The enclosed Articles | of Organization and fee(s) are su | bmitted for filing. | |
| Please return all corre | spondence concerning this matter | Λ | |
| | Janice | lame of Person | |
| Soul | Fitness Studio | Health Welness Center LCC | į |
| | PO Box | 3244 | |
| | acksonville, FL | 32204 | |
| | Soulfitruss07/ | State and Zip Code Ogman Com Lutur Jannual report notification) | |
| For further information | on concerning this matter, please of | all | |
| Janice (| www_ne of Person | | |
| Enclosed is a check | for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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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|---------------------------------------|---|--|
| | • | |
| | | Y (|
| | | July 20,2012 |
| -T > . | Vacist Line South | July aujano |
| 10. | REGISTRATION SECT | |
| | DIVISION of Corpora | ations |
| | Registration Sect Division of Corpora Tallahassee, FL | 32314 |
| , | | |
| Subsect: | Srul Fitness Studi | o Health & Welness Center LC |
| es eget i | 1 | <u> </u> |
| | | |
| | Finaloged is this | Antolog of Acomization Palar |
| | Liter for a la | Articles of Organization Cover C per Tammy Hampton's, |
| | Letter Tol-avi LL | C per larning tramptons, |
| | instructions. We | are requesting a refund of |
| | the difference | of what was originally mailed |
| | in with the conv | usian form (150.00) and the |
| | filing fee for an | LLC (125.00). |
| | | |
| | . // | · |
| | June Um | |
| | Invitan-ues | |
| | 1 100000 | |
| | | |
| | P O Box 3244 | 7 |
| | Jacksonville, FL 32206 | |
| A | | 26 1 975 |
| | Per phone call to Janice Curry, | PH (SEP) |
| | she gives consent to use this | 2: 26 |
| | name as and LLC. She is in the | Ö |
| : | process of dissolving her NP corporation. | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | The second secon |



RECEIVED

12 JUL 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 10, 2012

JANICE H CURRY SOUL FITNESS STUDIO P O BOX 3244 JACKSONVILLE, FL 32206

SUBJECT: SOUL FITNESS STUDIO HEALTH & WELLNESS CENTER LLC

Ref. Number: W12000036503

We have received your document for SOUL FITNESS STUDIO HEALTH & WELLNESS CENTER LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes prohibits a Florida non-profit corporation from being a party in a conversion. A Florida non-profit corporation may be a party in a merger; however, the Florida non-profit corporation must be the surviving entity.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 612A00018479

Effective Date 7/19/12

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mailing Address:

| Section of the sectio | | |
|--|----------------------|-----------|
| 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: ONICLH, CUM Name | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| OucksonVIIIO FL 3221 City, State, and Zip | | |
| Having been named as registered agent and to accept service of process for the above stated limicompany at the place designated in this certificate, I hereby accept the appointment as registered agree to act in this capacity. I further agree to comply with the provisions of all statutes relating proper and complete performance of my duties, and I am familiar with and accept the obligations position as registered agent as provided for in Chapter 608, F.S. | l agent of to the | and |
| Registered Agent's Signature (RAQUIRED) | | 5 |
| (CONTINUED) | 12 JUL 26 | SECINE OF |
| Page 1 of 2 | 9 | 8 |

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: | | | |
|--|--|--|--|--|
| "MGR" = Manager "MGRM" = Managing Member | | | | |
| VPD | Janice H. Carry | | | |
| <u> </u> | Kelona Frenche Po Box 2244 | | | |
| | Jacksonville; Pl 32200 | | | |
| | | | | |
| | | | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other | than the date of filing: WY 1212. | | | |
| The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.) | | | | |
| REQUIRED SIGNATURE: | | | | |
| Signature of a member or | an authorized representative of a member. | | | |
| ~ / / |), Florida Statutes, the execution of this document constitutes an affirmation under | | | |
| the penalties of perjury that the facts s | stated herein are true. I am aware that any false information submitted in a constitutes a third degree felony as provided for in s.817.155, F.S.) | | | |

Page 2 of 2

TANICE H CURRY
Typed or printed name of signee