L1200/34806

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D. BRUCE

OCT 23 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MC Fitness Consultants, 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:
Melissa Merritt
Name of Person
Firm/Company
111 N. 12 th St #1314
Tampa, 7L 33602 City/State and Zip Code Melissamozoz @gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Merritt at 407 244-4320 PG R Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE 01/01/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: MC Fi+ncss Consultants, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S	ignature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	al or another
The name and the Florida street address of the registered agent are:	70
Chris Behrend	12 OC ECRE
Name	API FI 122 TAR
Florida street address (P.O. Box NOT acceptable)	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Tampa FL 33602	
City State and Zip	\$7m 3

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)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Melissa Merritt 111 N: 12+2 St # 1314 Tampa, 72 33 1052

(Use attachment if necessary)	1/1/0 0 2
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: 1/1/2013 (OPTIONAL) ecific and cannot be more than five business days prior
<u>required</u> signature:	SECRETARY FILLAHASSE,
Signature of a member or	an authorized representative of a member.
constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as a	
Mussa Typed	Mcrritt 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)