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SECRETARY OF STATE
TALLARIA 3SEE, FI RRIA

J. SAULSBERRY EXAMINER

NOV 7 2012

COVER LETTER

TO:

Registration Section .

Division of Corporations	
SUBJECT: Longevity with Vitality,	, LLC
3-3-2-1. <u></u>	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Teddy Plaisted	
	Name of Person
Longevity with Vitality, LL	C
	Firm/Company
3270 64th Street S.W.	
	Address
	in ₹
Naples, FL 34105	Trifference and Zin Code
	ry/state and z.ip code
Longevitywithvitality@gmail.com	for future annual report notification)
For further information concerning this matter, pleas	•
ror runder anomation concerning this matter, pleas	e can.
Teddy Plaisted	ai (239) 4659047
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125,00 Filing Fee \$\left(\sum \)\$130.00 Filing Fee \$\text{Certificate of Status}\$	Certified Copy (additional copy is enclosed) \$155.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Longevity		ords "Limited Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addr		ddress of the principal offic	ce of the Limited Li	ability Company is:
Principal Office	Address:	Mailing A	Address:	
3270 64th Street Naples, Florida 3			h Street S.W. Iorida 34105	
business entity with a	e Florida street Teddy Pla	address of the registered agisted Name		2012 NOV -5 AN
	3270 64th Street S.W. Florida street address (P.O. Box NOT acceptable)		88.73 69	
	Naples,	Fr. 3410		50
		City, State, and Zip		
liability comp registered agent statutes relating	any at the place and agree to ac g to the proper c	d agent and to accept service designated in this certificate in this certificate in this capacity. I further a and complete performance opposition as registered agent	te, I hereby accept th agree to comply with of my duties, and I an	ne appointment as the provisions of all n familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

1405			
MGR	Teddy Plaisted		
	3270 64th Street S.W.		
	Naples, FL 34105		
		=======================================	
			
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		25.77	
		88.73 87.73	
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		20	
		9.1.E	
(Use attachment if necessary)		¥01	
I E V. Effective data if other than th	e date of filing: November 1, 2012	(OPTION)	

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.)

Teddy Plaisted

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)