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☐ PICK-UP

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(Business Entity Name)

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J. Shivers SEP 16 2013

FILED
13 SEP 13 PM 1:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

W13-50101
625



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2013

MARET REYNOLDS
1188 PELICAN BAY DR
DAYTONA BEACH, FL 32119

SUBJECT: WELLNESS REVOLUTION CLUB OF FLORIDA, LLC
Ref. Number: W13000050101

We have received your document for WELLNESS REVOLUTION CLUB OF FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00021328

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wellness Revolution Club of Florida, 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:

Maret Reynolds

Name of Person

Wellness Revolution Club of Florida, LLC

Firm/Company

1188 Pelican Bay Dr.

Address

Daytona Bch, FL 32119

City/State and Zip Code

maret2911@gmail.com

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

For further information concerning this matter, please call:

Maret Reynolds

Name of Person

at (386) 852-5176

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

13 SEP 18 11:51
TALLAHASSEE
FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wellness Revolution Club of Florida, 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:

1188 Pelican Bay Dr
Daytona Bch, FL 32119

Mailing Address:

1188 Pelican Bay Dr
Daytona Bch, FL 32119

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:

Maret Reynolds
Name

131 Shady Branch Trail

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

Ormond Bch FL 32174
City, State, and Zip

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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..

Maret Reynolds

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

MGRM

MGRM

Name and Address:

Maret Reynolds

131 Shady Branch Tr
Ormond Bch, FL 32174

Frank Reynolds

131 Shady Branch Tr
Ormond Bch, FL 32174

(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:

Maret Reynolds

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.)

Maret Reynolds

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)