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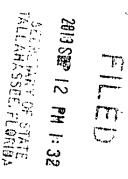
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## **COVER LETTER**

TO: Registration of Division of	n Section Corporations			
Fiti	ness Driven Re	sults LL	С	
SUBJECT:		ted Liability Comp		<del></del>
The enclosed Article	s of Organization and fee(s) are	submitted for filin	ıg.	
Please return all cor	espondence concerning this mat	ter to the following	g:	Z4 2
Adam	Mindick			LASE SE
- <del></del>		Name of Person		
Fitnes	s Driven Resu	Its LLC		EF. FIS
		Firm/Company		27 is
4415	NW 50th Dr Ap	t 104		197 (17) CS
<del> </del>		Address		**************************************
Gaine	sville/ Florida 3	32606		
		ty/State and Zip Cod	ie	g* '
fdrgaine	sville@gmail.com  E-mail address: (to be used	for future annual rev	nort notification	
For further informat	on concerning this matter, please	_	Aort nothication)	
	- ,	can.		
Adam Mi	ndick	_ <sub>at (</sub> 407	<u> 399-93</u>	<u>819</u>
Na	me of Person	Area Cod	le & Daytime Telepl	hone Number
Enclosed is a chec	k for the following amount:			
■\$125.00 Filing Fe	e \$\square\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fili Certified Co (additional co)	_	\$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	Registra Division Clifton 1	Courier Address ution Section of Corporations Building recutive Center Ci	rcle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Fitness Driven Results 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: Mailing Address:** 4415 NW 50th Dr apt 104 Gainesville Florida 32606 4415 Nw 50th Drive Gainesville Florida 32606 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: Adam Mindick Name 4415 NW 50th Dr apt 104 Gainesville Florida street address (P.O. Box NOT acceptable) Gainesville<sub>FE</sub>FL, 32606 City, State, and Zip 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

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)

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:

	Managing Member	
MGRM		Adam Mindick 4415 NW 50th DR apt 104
		Gainesville Florida 32606
		<del> </del>
		75 C
	ment if necessary)	(OPTIONI
LE V: Effe ffective dat or 90 days	ctive date, if other than the	he date of filing: 9/9/2013 . (OPTION st be specific and cannot be more than five busines)
LE V: Effe ffective dat or 90 days	ctive date, if other than the is listed, the date must after the date of filing.)  D SIGNATURE:	ist be specific and cannot be more than five busine
LE V: Effe ffective dat or 90 days	ctive date, if other than the is listed, the date must after the date of filing.)  D SIGNATURE:  Signature of a memory in accordance with section 6 constitutes an affirmation undurant aware that any false info	est be specific and cannot be more than five busine
LE V: Effe ffective dat or 90 days	ctive date, if other than the is listed, the date must after the date of filing.)  D SIGNATURE:  Signature of a memory in accordance with section 6 constitutes an affirmation undurant aware that any false info	ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)