13000133206

(Degraphed Name)			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Oity/Otate/21p/F11offe #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
0.0010			
'SEP 2 0 2013			
L. SELLERS			

Office Use Only



200251615532

09/16/13--01049--006 **160.00

SECRETARY OF STATE TALLAHASSEF, FLORIDA

FILED

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

iHeartFitness

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:

Patrick Fletcher	
Na	me of Person .
Fi	rm/Company
7042 Kendall Heath Wa	ay
	Address
Land O Lakes, FL 3463	37
City/St	ate and Zip Code
iHeartFitness@hotmail.com	

E ---! --!---- //- L - ---- / C -- C - ----

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

For further information concerning this matter, please call:

Meagan Wehle at (813 919-9481

Enclosed is a check for the following amount:

□\$125.00 Filing Fee , □\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I. Nome.		
ARTICLE I - Name: The name of the Limited Liability Company is:		
• • •		
HeartFitness, LLC		
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited	Liability Company is:
•	-	
Principal Office Address:	Mailing Address:	
7042 Kendall heath Way	7042 Kendali heath Way	
Land O Lakes, FL 34637	Land O Lakes, FL 34637	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist		
business entity with an active Florida registration.)		
The name and the Florida street address of the r	egistered agent are:	
- Meagan	L-Mehle	
Name	<u> </u>	
7042 Kendali Heath Way		
	iress (P.O. Box NOT acceptable)	
Land O Lakes, FL 34637	PI	
	ate, and Zip	
The day have a second an arrathern day and are day		the above stated limited
Having been named as registered agent and to a liability company at the place designated in t		
registered agent and agree to act in this capac	ity. I further agree to comply	y with the provisions of
all statutes relating to the proper and complet		
and accept the obligations of my position as re	gistered agent as provided jo	or in Chapter 608, F.S
Registered Agent's Signal	ure (REQUIRED)	
		≥ ಜ ಪ
(CONTIN	UED)	. SE
Page 1 of 2	2	FIL SEP 16 CORETARY LAHLASS
		and and

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

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

MGR	Patrick Fletcher	
	7042 Kendall Heath Way	
	Land O Lakes, FL 34637	
IGR	Meagan Wehle	
	7042 Kendall Heath Way	
	Land O Lakes, FL 34637	
		

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 penaltics 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.)

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)