

L13000159185

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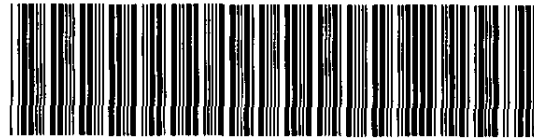
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 13 2013

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 881575 80768A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : November 12, 2013

ORDER TIME : 11:27 AM

ORDER NO. : 881575-005

CUSTOMER NO: 80768A

DOMESTIC FILING

NAME: POSTURE BITE, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
POSTURE BITE, LLC**

FILED
13 NOV 12 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be Posture Bite, LLC.

ARTICLE II

This limited liability company is to exist for 30 years.

ARTICLE III

The mailing and street address of the principal office of this limited liability company are 3314B Crill Avenue, Palatka, Florida 32177

ARTICLE IV

The name and residence address of the registered agent of this limited liability company are William J. Hale, 3314B Crill Avenue, Palatka, Florida 32177.

ARTICLE V

The management of this limited liability company is reserved to the members. The name and address of the managing member are as follows:


William J. Hale
3314B Crill Avenue
Palatka, Florida 32177

Additional members may be admitted only with the consent of the members holding a majority interest in the Company. Said additional members shall have all the rights, duties and liabilities as are set forth in the Operating Agreement of this limited liability company, which Operating Agreement may be amended from time to time to accommodate additional members.

ARTICLE VI

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in this limited liability company, the remaining member or members may continue the business hereof if said member or members hold a majority in interest in the Company.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of November, 2013.


WILLIAM J. HALE

CERTIFICATE DESIGNATING REGISTERED AGENT AND STREET ADDRESS FOR SERVICE OF PROCESS

Pursuant to Section 608.415, Florida Statutes, Posture Bite, LLC hereby designates William J. Hale and 3314B Crill Avenue, Palatka, Florida 32177 as its registered agent and the street address of its registered office respectively for service of process within the State of Florida.

POSTURE BITE, LLC


By: WILLIAM J. HALE

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

The undersigned is familiar with and accepts the obligations of the position of registered agent of the above-named limited liability company.


WILLIAM J. HALE